

**Charlestown Mall**

**Box 5**

**Document 2**



New York State Department of  
**TAXATION and FINANCE**  
PROCESSING DIVISION  
P. O. BOX 688, ALBANY, NEW YORK 12201

Date

9.12.80

I.D.#

161122399

Taxing Application for which intended:

*Schuyler Holding Co. Inc.  
1506 Whitesboro St.  
Utica N.Y. 13501*

- ☒ Corporation Tax  
☐ Estimated Tax (Personal)  
☐ Miscellaneous Tax  
☐ Sales Tax  
☐ Withholding Tax

The attached remittance is being returned for the reason indicated below.

PLEASE CORRECT THE REMITTANCE AND RETURN IT IMMEDIATELY. ATTACH A COPY OF THIS NOTICE AND USE THE ENCLOSED ENVELOPE. FAILURE TO DO SO WILL RESULT IN THE MISAPPLICATION OF YOUR PAYMENT AND/OR THE ISSUANCE OF AN ASSESSMENT WITH INTEREST AND PENALTY INCLUDED.

- ☒ Not signed - Please sign.  
☐ Wrong payee - Make Payable to New York State Tax Commission  
☐ Amounts are Different - Please issue a new remittance with Corrected Amounts.  
☐ Post Dated - Use current date.  
☐ Mutilated - Please issue new remittance.  
☐ Make Payable in U.S. Funds.  
☐ Other \_\_\_\_\_

Processing Division



EMPIRE CIRCUITS INCORPORATED

311 TURNER ST.

UTICA, N.Y. 13501

4796

Sept 2 1920

50-1138  
213

PAY  
TO THE  
ORDER OF

State of New York

\$ 250.00

Two hundred fifty and no/100

DOLLARS

BANK OF UTICA

UTICA, N. Y.

FOR

⑆021311383⑆

03⑆6798⑆



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☐ Make Payable in U.S. Funds.  
☐ Other \_\_\_\_\_

Processing Division



KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
JOHN E. HUNT  
LEIGHTON R. BURNS  
LAWRENCE J. GOLDBAS  
JAMES W. MORGAN  
GREGORY A. HAMLIN  
ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

February 1, 1979

Mr. Spencer J. Boyce  
Charles A. Gaetano Construction Corporation  
1506 Whitesboro Street  
Utica, New York 13502

RE: Schuyler Holding Company, Inc.

Dear Spence:

We have received word from our representative in Albany that the certificate of incorporation for the above was filed with the Department of State on January 26, 1979. A copy of the receipt issued by the Department of State is enclosed.

Please give me a call and let me know whether or not you want us to order a corporate minute book, seal, etc.

Sincerely yours,

KERNAN AND KERNAN, P. C.

*Lawrence J. Goldbas*  
Lawrence J. Goldbas

LJG:d  
Enc.

RECEIVED  
Charles A. Gaetano Construction Co.

FEB 2 1979

1506 WHITESBORO ST  
UTICA, NY 13502

532866



CT-4

STATE OF NEW YORK

1979

Article 9A  
Tax Law

## Corporation Franchise Tax Report

For the Calendar Year 1979 or

Taxable Period Begun \_\_\_\_\_ 1979, Ended \_\_\_\_\_ 19

A SUBCHAPTER S CORPORATION MUST ATTACH A COPY OF ITS FEDERAL FORM 1120S, PAGES 1 THRU 4.

(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER	OFFICIAL USE ONLY  DATE RECEIVED
	NAME		
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER	NUMBER AND STREET		
	CITY OR TOWN, STATE AND ZIP CODE		
MAKE CORRECTION ON LABEL.			
PRINCIPAL BUSINESS ACTIVITY	TELEPHONE NUMBER	BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)	
STATE OR COUNTRY OF INCORPORATION	DATE	DATE BEGAN BUSINESS IN NEW YORK STATE	

FEDERAL RETURN WAS FILED ON:

☐ 1120☐ 1120-S☐ Consolidated Basis☐ Other

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?

☐ YES ☐ NO

If yes, Federal changes must be reported on Form CT-3360 within 90 days of the final Federal determination.

TOTAL ASSETS (LINE 27 COL. b)

\$

IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.

Remit amount shown at line 21, Schedule A. Make check payable to: New York State  
Corporation Tax

REMITTANCE

\$

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions .....	1	\$		•
2. Interest on Federal, State, Municipal and other obligations not included in line 1 .....	2			•
3. New York State franchise tax deducted on Federal return .....	3			•
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions) .....	4			•
5. Taxable income (Total Lines 1, 2, 3 and 4) .....	5			•
6. Tax based on income .....	6	line 5	× 10%	
7. Tax based on capital (enter from Schedule C, Line 29) .....	7		× .00178	•
8. Compensation of officers: (enter from Schedule D, Line 32) .....	8			•
9. Taxable income (Line 5 above) .....	9			•
10. Total 8 plus 9 .....	10			•
11. Less statutory deduction of \$15,000 (see instructions) .....	11			•
12. Balance .....	12			•
13. Alternative Base - 30% of Line 12 .....	13			•
14. Tax based on Alternative Base .....	14	line 13	× 10%	
15. Minimum Tax .....	15			\$250.00
Tax Credits can NOT be claimed on this Form - Use Form CT-3				
16. Tax: Largest of Lines 6, 7, 14 or 15 above .....	16			•
17. Prepayments - see back .....	17			•
18. Balance (Line 16 less line 17) .....	18			•
19. Interest: Compute on Line 18 (see instructions) .....	19			•
20. Additional Charges: Compute on Line 18 .....	20			•
21. BALANCE DUE: Total of Lines 18, 19 and 20 .....	21			•
22. OVERPAYMENT: Line 17 less line 16 .....	22			•
				•

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return .....	23			•
24. Interest deducted on Federal return .....	24			•
25. Depreciable assets and land .....	25			•
26. Total Receipts (Total income plus cost of goods sold from Federal return) .....	26			•

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$ .....	\$ .....	\$ .....
28. Current Liabilities (see instructions).....	.....	.....	.....
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			
30. Issued Capital Stock .....	.....	.....	.....
31. Paid in Capital, Surplus and Reserves.....	.....	.....	.....

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par	Shares, \$	; No Par	Shares, \$
-----	------------	----------	------------

**SCHEDULE D - OFFICERS** (appointed or elected) **AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
			\$
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A →			

**COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 17, SCHEDULE A**

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
A. Mandatory First Installment .....			
B. CT-400 Installments .....	(1)		
	(2)		
	(3)		
C. Payment with Extension - CT-5.....			
D. Credit from Prior Years.....			
E. TOTAL of A,B,C & D			
Amount Shown at Line 17 .....	\$		

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

_____ Date	_____ Signature of officer	_____ Official title
_____ Date	_____ Signature of individual or firm preparing this report	_____ Preparer's address



Form CT-3 MUST be used to claim Tax Credits

Mail this report to: Processing Unit  
P. O. Box 1909  
Albany, New York 12201

CT-4

Article 9A  
Tax Law

STATE OF NEW YORK

## Corporation Franchise Tax Report

1979

For the Calendar Year 1979 or

Taxable Period Begun \_\_\_\_\_ 1979, Ended \_\_\_\_\_ 19

A SUBCHAPTER S CORPORATION MUST ATTACH A COPY OF ITS FEDERAL FORM 1120S, PAGES 1 THRU 4.

(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER <b>16-1122399</b>	FILE NUMBER <b>BB4P</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Holding Company Inc</b>		DATE RECEIVED
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:	NUMBER AND STREET <b>1506 Whitesboro St</b>		
<input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER	CITY OR TOWN, STATE AND ZIP CODE <b>Utica NY 13502</b>		
MAKE CORRECTION ON LABEL:			
PRINCIPAL BUSINESS ACTIVITY <b>Holding Company</b>	TELEPHONE NUMBER <b>733-4611</b>	BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)	
STATE OR COUNTRY OF INCORPORATION <b>New York</b>	DATE <b>1-26-</b>	DATE BEGAN BUSINESS IN NEW YORK STATE <b>19</b>	

FEDERAL RETURN WAS FILED ON:

☒ 1120☐ 1120-S☐ Consolidated Basis☐ Other

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?

☐ YES ☒ NO

If yes, Federal changes must be reported on Form CT-3360 within 90 days of the final Federal determination.

TOTAL ASSETS (LINE 27 COL. b)

\$

IMPORTANT: TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.

Remit amount shown at line 21, Schedule A: Make check payable to: New York State Corporation Tax →

REMITTANCE

\$ 250 00 •

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions	1	\$ 0	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1	2		
3. New York State franchise tax deducted on Federal return	3		
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions)	4	0	•
5. Taxable income (Total Lines 1, 2, 3 and 4)	5	0	•
6. Tax based on income	6	0	
7. Tax based on capital (enter from Schedule C, Line 29)	7	0	
8. Compensation of officers: (enter from Schedule D, Line 32)	8	0	•
9. Taxable income (Line 5 above)	9	0	
10. Total 8 plus 9	10	0	
11. Less statutory deduction of \$15,000 (see instructions)	11		
12. Balance	12	0	
13. Alternative Base - 30% of Line 12	13		
14. Tax based on Alternative Base	14	0	
15. Minimum Tax	15	\$250 00	
16. Tax: Largest of Lines 6, 7, 14 or 15 above	16	250 00	•
17. Prepayments - see back	17	0	•
18. Balance (Line 16 less line 17)	18	250 00	
19. Interest: Compute on Line 18 (see instructions)	19	0	•
20. Additional Charges: Compute on Line 18	20	0	•
21. BALANCE DUE: Total of Lines 18, 19 and 20	21	250 00	•
22. OVERPAYMENT: Line 17 less line 16	22	\$ 0	•
		\$ 0	•

Tax Credits can NOT be claimed on this Form - Use Form CT-3

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return	23	0	•
24. Interest deducted on Federal return	24	0	•
25. Depreciable assets and land	25	0	•
26. Total Receipts (Total income plus cost of goods sold from Federal return)	26	0	•

532867



	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions).....			
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			100
30. Issued Capital Stock .....			
31. Paid in Capital, Surplus and Reserves.....	100	100	100

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par	Shares, \$		No Par	Shares, \$
-----	------------	--	--------	------------

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
			\$
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A			

**32. Total (including any amount on rider.) - Enter at Line 8, Schedule A**

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
A. Mandatory First Installment .....			
B. CT-400 Installments ..... (1)			
(2)			
(3)			
C. Payment with Extension - CT-5.....			
D. Credit from Prior Years.....			
E. TOTAL of A,B,C & D			
Amount Shown at Line 17 .....	\$		

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Date	Signature of officer	Official title
Date	Signature of individual or firm preparing this report	Preparer's address



**Form CT-3 MUST be used to claim Tax Credits**

Mail this report to: Processing Unit  
P. O. Box 1909  
Albany, New York 12201

**U.S. Corporation Income Tax Return**

For calendar year 1979 or other taxable year beginning

1979, ending 19

**1979**

Check if a—

A Consolidated return ☐B Personal Holding Co. ☐

C Business Code No. (See Page 8 of instructions)

Use  
IRS  
label.  
Other-  
wise  
please  
print  
or type.LS 16-1122399 DEC 31 1979 D16 M \*  
SCHUYLER HOLDING COMPANY INC  
1506 WHITESBORO ST  
UTICA NY 13502D Employer identification number  
(see instruction W)

E Date incorporated

1-26-79

F Enter total assets (see instruction X)

\$ 100.00

**Gross Income**

- 1 (a) Gross receipts or sales \$..... (b) Less returns and allowances \$..... Balance ▶
- 2 Less: Cost of goods sold (Schedule A) and/or operations (attach schedule) . . . . .
- 3 Gross profit . . . . .
- 4 Dividends (Schedule C) . . . . .
- 5 Interest on obligations of the United States and U.S. instrumentalities . . . . .
- 6 Other interest . . . . .
- 7 Gross rents . . . . .
- 8 Gross royalties . . . . .
- 9 (a) Capital gain net income (attach separate Schedule D) . . . . .
- (b) Net gain or (loss) from Form 4797, line 11, Part II (attach Form 4797) . . . . .
- 10 Other income (see instructions—attach schedule) . . . . .
- 11 TOTAL income—Add lines 3 through 10 . . . . .

- 1(c) None
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9(a)
- 9(b)
- 10
- 11 None

**Deductions**

- 12 Compensation of officers (Schedule E) . . . . .
- 13 (a) Salaries and wages ..... 13(b) Less WIN and jobs credit(s) ..... Balance ▶
- 14 Repairs (see instructions) . . . . .
- 15 Bad debts (Schedule F if reserve method is used) . . . . .
- 16 Rents . . . . .
- 17 Taxes . . . . .
- 18 Interest . . . . .
- 19 Contributions (not over 5% of line 30 adjusted per instructions—attach schedule) . . . . .
- 20 Amortization (attach schedule) . . . . .
- 21 Depreciation from Form 4562 (attach Form 4562) ....., less depreciation  
claimed in Schedule A and elsewhere on return ....., Balance ▶
- 22 Depletion . . . . .
- 23 Advertising . . . . .
- 24 Pension, profit-sharing, etc. plans (see instructions) (enter number of plans ▶ .....,)
- 25 Employee benefit programs (see instructions) . . . . .
- 26 Other deductions (attach schedule) . . . . .
- 27 TOTAL deductions—Add lines 12 through 26 . . . . .
- 28 Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11) . . . . .
- 29 Less: (a) Net operating loss deduction (see instructions—attach schedule) . . . . . 29(a)
- (b) Special deductions (Schedule I) . . . . . 29(b)
- 30 Taxable income (subtract line 29 from line 28) . . . . .

- 12 None
- 13(c)
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27 None
- 28
- 29
- 30 None
- 31 None

**Tax**

- 31 TOTAL TAX (Schedule J) . . . . .
- 32 Credits: (a) Overpayment from 1978 allowed as a credit . . . . .
- (b) 1979 estimated tax payments . . . . .
- (c) Less refund of 1979 estimated tax applied for on Form 4466 . . . . .
- (d) Tax deposited: Form 7004..... Form 7005 (attach)..... Total ▶
- (e) Credit from regulated investment companies (attach Form 2439) . . . . .
- (f) Federal tax on special fuels and oils (attach Form 4136 or 4136-T) . . . . .
- 33 TAX DUE (subtract line 32 from line 31). See instruction G for depository method of payment . . . . .
- (Check ▶ ☐ if Form 2220 is attached. See page 3 of instructions.) ▶ \$.....
- 34 OVERPAYMENT (subtract line 31 from line 32) . . . . .
- 35 Enter amount of line 34 you want: Credited to 1980 estimated tax ▶ Refunded ▶

- 32
- 33 None
- 34 None
- 35 None

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Treasurer

Title

Paid  
Preparer's  
InformationPreparer's  
signature  
and dateFirm's name (or  
yours, if self-employed)  
and addressCheck if  
self-em-  
ployed ☐

Preparer's social security no.

E.I. No.

ZIP code

1 Inventory at beginning of year . . . . .	-----
2 Merchandise bought for manufacture or sale . . . . .	-----
3 Salaries and wages . . . . .	-----
4 Other costs (attach schedule) . . . . .	-----
5 Total . . . . .	-----
6 Less: Inventory at end of year . . . . .	-----
7 Cost of goods sold—Enter here and on line 2, page 1 . . . . .	-----
<b>8 (a)</b> Check all methods used for valuing closing inventory: (i) <input type="checkbox"/> Cost (ii) <input type="checkbox"/> Lower of cost or market as described in Regulations section 1.471-4 (see instructions) (iii) <input type="checkbox"/> Writedown of "subnormal" goods as described in Regulations section 1.471-2(c) (see instructions)	
<b>(b)</b> Did you use any other method of inventory valuation not described above? . . . . . If "Yes," specify method used and attach explanation ►-----	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(c)</b> Check if this is the first year LIFO inventory method was adopted and used. (If checked, attach Form 970.) . . . . .	<input type="checkbox"/>
<b>(d)</b> If the LIFO inventory method was used for this taxable year, enter percentage (or amounts) of closing inventory computed under LIFO . . . . .	-----
<b>(e)</b> Is the corporation engaged in manufacturing activities? . . . . . If "Yes," are inventories valued under Regulations section 1.471-11 (full absorption accounting method)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(f)</b> Was there any substantial change in determining quantities, cost, or valuations between opening and closing inventory? . . . . . If "Yes," attach explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Schedule C Dividends (See instruction 4)**

1	Domestic corporations subject to 85% deduction	
2	Certain preferred stock of public utilities	
3	Foreign corporations subject to 85% deduction	
4	Dividends from wholly-owned foreign subsidiaries subject to 100% deduction (section 245(b))	
5	Other dividends from foreign corporations	
6	Includible income from controlled foreign corporations under subpart F (attach Forms 3646)	
7	Foreign dividend gross-up (section 78)	
8	Qualifying dividends received from affiliated groups and subject to the 100% deduction (section 243(a)(3))	
9	Taxable dividends from a DISC or former DISC not included in line 1 (section 246(d))	
10	Other dividends	
11	Total—Enter here and on line 4, page 1	

**Schedule E Compensation of Officers (See instruction 12)**

1. Name of officer	2. Social security number	3. Time devoted to business	Percent of corporation stock owned		6. Amount of compensation	7. Expense account allowances
			4. Common	5. Preferred		
None						
Total compensation of officers—Enter here and on line 12, page 1						

**Schedule F** **Bad Debts—Reserve Method (See instruction 15)**

1. Year	2. Trade notes and accounts receivable outstanding at end of year	3. Sales on account	Amount added to reserve		6. Amount charged against reserve	7. Reserve for bad debts at end of year
			4. Current year's provision	5. Recoveries		
1974						
1975						
1976						
1977						
1978						
1979						

**Schedule I Special Deductions (See instructions for Schedule I)**

1	(a) 85% of Schedule C, line 1 . . . . .	
	(b) 59.13% of Schedule C, line 2 . . . . .	
	(c) 85% of Schedule C, line 3 . . . . .	
	(d) 100% of Schedule C, line 4 . . . . .	
2	Total—See instructions for limitation . . . . .	
3	100% of Schedule C, line 8 . . . . .	
4	Deduction for dividends paid on certain preferred stock of public utilities (see instructions) . . . . .	
5	Deduction for Western Hemisphere trade corporations (see instructions) . . . . .	
6	Total special deductions—Add lines 2 through 5. Enter here and on line 29(b), page 1 . . . . .	

**Schedule J Tax Computation**

- 1 Taxable income (line 30, page 1) . . . . . ☐ Yes ☐ No
- 2 (a) Are you a member of a controlled group? . . . . . ☐ Yes ☐ No
- (b) If "Yes," see instructions and enter your portion of the \$25,000 amount in each taxable income bracket:
- (i) \$ . . . . . (ii) \$ . . . . . (iii) \$ . . . . . (iv) \$ . . . . .
- 3 Income tax (see instructions to figure the tax; enter this tax or alternative tax from Schedule D, whichever is less). Check if from Schedule D ☐ . . . . .
- 4 (a) Foreign tax credit (attach Form 1118) . . . . .
- (b) Investment credit (attach Form 3468) . . . . .
- (c) Work incentive (WIN) credit (attach Form 4874) . . . . .
- (d) Jobs credit (attach Form 5884) . . . . .
- 5 Total of lines 4(a), (b), (c), and (d) . . . . .
- 6 Subtract line 5 from line 3 . . . . .
- 7 Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .
- 8 Tax from recomputing prior-year investment credit (attach Form 4255) . . . . .
- 9 Tax from recomputing prior-year WIN credit (attach computation) . . . . .
- 10 Minimum tax on tax preference items (see instructions—attach Form 4626) . . . . .
- 11 Total tax—Add lines 6 through 10. Enter here and on line 31, page 1 . . . . .

None

None

**Schedule K Record of Federal Tax Deposit Forms 503**  
(List deposits in order of date made—See instruction G)

Date of deposit		Date of deposit		Date of deposit	Amount
	Amount		Amount		

- G (1) Did you claim a deduction for expenses connected with:
- (a) Entertainment facility (boat, resort, ranch, etc.)? . . . . . ☒ Yes ☐ No
- (b) Living accommodations (except employees on business)? . . . . . ☒ Yes ☐ No
- (c) Employees attending conventions or meetings outside the U.S. or its possessions? . . . . . ☒ Yes ☐ No
- (d) Employee's families at conventions or meetings? . . . . . ☒ Yes ☐ No
- If "Yes," were any of these conventions or meetings outside the United States or its possessions? . . . . . ☐ Yes ☐ No
- (e) Employee or family vacations not reported on Form W-2? . . . . . ☐ Yes ☐ No
- (2) Enter total amount claimed on Form 1120 for entertainment, entertainment facilities, gifts, travel, and conventions of the type for which substantiation is required under section 274(d). (See instruction Y.) ☐ None
- H (1) Did you at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) . . . . . ☒ Yes ☐ No
- If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; (c) taxable income or (loss) (e.g., if a Form 1120: from Form 1120, line 28, page 1) of such corporation for the taxable year ending with or within your taxable year; (d) highest amount owed by you to such corporation during the year; and (e) highest amount owed to you by such corporation during the year.
- (2) Did any individual, partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of your voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (e) . . . . . ☒ Yes ☐ No
- (a) Attach a schedule showing name, address, and identifying number; (b) Enter percentage owned ☐ None
- (c) Was the owner of such voting stock a person other than a U.S. person? (See instruction S.) . . . . . ☐ Yes ☐ No
- If "Yes," enter owner's country ☐ None
- (d) Enter highest amount owed by you to such owner during the year ☐ None
- (e) Enter highest amount owed to you by such owner during the year ☐ None

(Note: For purposes of H(1) and H(2), "highest amount owed" includes loans and accounts receivable/payable.)

- I Did you ever declare a stock dividend? . . . . . ☒ Yes ☐ No
- J Taxable income or (loss) from Form 1120, line 28, page 1, for your taxable year beginning in:
- 1976 ☐ 0, 1977 ☐ 0, 1978 ☐ 0
- K If you were a member of a controlled group subject to the provisions of section 1561, check the type of relationship:
- (1) ☐ parent-subsidiary (2) ☐ brother-sister
- (3) ☐ combination of (1) and (2) (See section 1563.)
- L Refer to page 8 of instructions and state the principal:
- Business activity . . . . .
- Product or service . . . . .
- M Did you file all required Forms 1087, 1096 and 1099? . . . . . ☒ Yes ☐ No
- N Were you a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) If "Yes," attach Form 3646 for each such corporation . . . . . ☒ Yes ☐ No
- O At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country (see instruction V)? . . . . . ☒ Yes ☐ No
- P Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? . . . . . ☒ Yes ☐ No
- If "Yes" you may have to file Forms 3520, 3520-A or 926.
- Q During this taxable year, did you pay dividends (other than stock dividends and distributions in exchange for stock) in excess of your current and accumulated earnings and profits? (See sections 301 and 316.) . . . . . ☒ Yes ☐ No
- If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.
- R During this tax year was any part of your tax accounting records maintained on a computerized system? . . . . . ☒ Yes ☐ No
- S (1) Did you elect to claim amortization (under section 191) or depreciation (under section 167(o)) for a rehabilitated certified historic structure (see instructions for line 20)? . . . . . ☒ Yes ☐ No
- (2) Amortizable basis (see instructions for line 20):



**Schedule L-1 Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
<b>ASSETS</b>				
1 Cash . . . . .		100.00		100.00
2 Trade notes and accounts receivable . . . . .				
(a) Less allowance for bad debts . . . . .				
3 Inventories . . . . .				
4 Gov't obligations: (a) U.S. and instrumentalities . . . . .				
(b) State, subdivisions thereof, etc. . . . .				
5 Other current assets (attach schedule) . . . . .				
6 Loans to stockholders . . . . .				
7 Mortgage and real estate loans . . . . .				
8 Other investments (attach schedule) . . . . .				
9 Buildings and other fixed depreciable assets . . . . .				
(a) Less accumulated depreciation . . . . .				
10 Depletable assets . . . . .				
(a) Less accumulated depletion . . . . .				
11 Land (net of any amortization) . . . . .				
12 Intangible assets (amortizable only) . . . . .				
(a) Less accumulated amortization . . . . .				
13 Other assets (attach schedule) . . . . .		100.00		100.00
14 Total assets . . . . .				
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>				
15 Accounts payable . . . . .				
16 Mtges., notes, bonds payable in less than 1 yr. . . . .				
17 Other current liabilities (attach schedule) . . . . .				
18 Loans from stockholders . . . . .				
19 Mtges., notes, bonds payable in 1 yr. or more . . . . .				
20 Other liabilities (attach schedule) . . . . .				
21 Capital stock: (a) Preferred stock . . . . .				
(b) Common stock . . . . .	100.00	100.00		100.00
22 Paid-in or capital surplus . . . . .				
23 Retained earnings—Appropriated (attach sch.) . . . . .				
24 Retained earnings—Unappropriated . . . . .				
25 Less cost of treasury stock . . . . .		( )		( )
26 Total liabilities and stockholders' equity . . . . .		100.00		100.00

**Schedule M-1 Reconciliation of Income Per Books With Income Per Return**

1 Net income per books . . . . .	0	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax . . . . .		(a) Tax-exempt interest \$ . . . . .	
3 Excess of capital losses over capital gains . . . . .			
4 Income subject to tax not recorded on books this year (itemize) . . . . .			
		8 Deductions in this tax return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		(a) Depreciation . . . \$ . . . . .	
(a) Depreciation . . . . . \$ . . . . .		(b) Depletion . . . \$ . . . . .	
(b) Depletion . . . . . \$ . . . . .			
		9 Total of lines 7 and 8 . . . . .	
6 Total of lines 1 through 5 . . . . .	0	10 Income (line 28, page 1)—line 6 less 9 . . . . .	0

**Schedule M-2 Analysis of Unappropriated Retained Earnings Per Books (line 24 above)**

1 Balance at beginning of year . . . . .	0	5 Distributions: (a) Cash . . . . .	
2 Net income per books . . . . .		(b) Stock . . . . .	
3 Other increases (itemize) . . . . .		(c) Property . . . . .	
		6 Other decreases (itemize) . . . . .	
4 Total of lines 1, 2, and 3 . . . . .	0	7 Total of lines 5 and 6 . . . . .	
		8 Balance at end of year (line 4 less 7) . . . . .	0

NYS DEPARTMENT OF STATE

FILING RECEIPT

INCORPORATION (BUSINESS)

CORPORATION NAME

SCHUYLER HOLDING COMPANY, INC.

DATE FILED

01/26/79

DURATION & COUNTY CODE

P

ONEI

FILM NUMBER

A547914-4

CASH NUMBER

327014

NUMBER AND KIND OF SHARES

200NPV

LOCATION OF PRINCIPAL OFFICE

UTICA

COMMENTS:

D

ADDRESS FOR PROCESS

THE CORP  
1506 WHITESBORO ST

UTICA

NY 13502

REGISTERED AGENT

FEES AND/OR TAX PAID AS FOLLOWS:

AMOUNT OF CHECK \$ 00060.00

AMOUNT OF MONEY ORDER \$

AMOUNT OF CASH \$

6.00

DOLLAR FEE TO COUNTY

\$ 050.00 FILING

\$ 00010.00 TAX

\$ CERTIFIED COPY

\$ CERTIFICATE

PREPAYER NAME AND ADDRESS

KERNAN & KERNAN PC  
135 GENESEE ST

UTICA

NY 13501

TOTAL PAYMENT \$ 000060.00

REFUND OF \$

TO FOLLOW

6030-518 (1/78)

BASIL A PATERSON - SECRETARY OF STATE

RECEIVED

James A. Gaetano Construction Co

FEB 21 1979

00002123400



STATE OF NEW YORK  
DEPARTMENT OF LABOR  
STATE OFFICE BUILDING CAMPUS  
ALBANY, NEW YORK 12240

January 2, 1980

UNEMPLOYMENT INSURANCE DIVISION

Schuyler Holding Co Inc.  
1506 Whitesboro St  
Utica NY 13502

In reply to:  
LD-R 123179

Information received in this office shows that you are not liable for contributions to the New York State Unemployment Insurance Fund.

You will become liable if either of the following occurs:

1. You pay remuneration of \$300.00 or more during a calendar quarter, or
2. You purchase the business of an employer liable for contributions.

If your business entity is a corporation, any compensation paid or accrued to a corporate owner is remuneration and must be considered in determining liability.

Under the Law, you are required to notify this Department as soon as you become liable. Failure to do so may adversely affect your tax rate and will subject you to the payment of interest on any late taxes. Additionally, you may lose all or a portion of any credit to which you may be entitled against your Federal unemployment tax.

Very truly yours,

*Harold Kasper*

HAROLD KASPER, Director  
Unemployment Insurance Division

mr

## NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION  
STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

083121

REPORT TO DETERMINE LIABILITY UNDER  
THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

FOR DEPARTMENTAL USE ONLY

INDUSTRY	LOCATION	EMPLOYER NUMBER
SUBJ. DATE	AV. NO. EMPS.	PREVIOUS OWNER
EXAMINED BY	FEDERAL IDENTIFICATION NUMBER	
<input type="checkbox"/> IA 196 <input type="checkbox"/> NO LETTER	<input type="checkbox"/> IA 184.1	CODER BY NO. OF IA'S

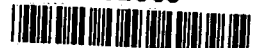
## PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM

PREPARE IN DUPLICATE - RETAIN ONE COPY  
TYPE OR PRINT IN INK - ANSWER ALL QUESTIONS

If the space provided under any item is not sufficient for a complete answer, attach extra sheet(s). Show item number and your firm name at the top of each sheet.

1. Federal Employer Identification Number	16-1122399	2. Telephone	315 733 4611
3. Name of employer		Schuyler Holding Company Inc	
4. Other name under which business is conducted			
5. Business address	1506 Whitesboro St	Utica	NY 13822
6. Address to which correspondence and reporting forms should be mailed if different from above:			
7. a. Date you began business in New York State 4-79			
b. Type of Organization: Check (✓) one: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other (specify below)			
8. a. Have you paid remuneration of \$300, or more in TOTAL during any calendar quarter AFTER 1975 OR do you expect to pay this amount during the current quarter? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If "Yes," enter first such quarter and year			
b. Are there any persons who performed work for you whose compensation you did <u>not</u> consider as remuneration in answering Item 8a? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If "Yes," furnish the following information:			
(1) Nature of services performed			
(2) Explanation of compensation not considered as remuneration			
9. Have you acquired all or part of the business of another employer liable for unemployment insurance contributions? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If "Yes," the following information must be given:			
a. Check (✓) one: <input type="checkbox"/> ALL was acquired <input type="checkbox"/> PART was acquired			
b. Date of acquisition			
c. Business name of previous owner			
Business address			
Unemployment insurance registration number of previous owner			

532868



(OVER)

10. If you are not liable under the Unemployment Insurance Law, do you wish to elect voluntary coverage? ☐ YES ☐ NO

11. a. Give name and address of person having custody (or knowledge) of your payroll records:

.....  
.....

b. Give the information requested below for the owner; the partners; or the officers, if a corporation:

NAME	SOCIAL SECURITY ACCOUNT NUMBER	RESIDENCE	TITLE
C. A. Gaetano	0P6-14-0925	1928 Redfield Utica NY	<sup>13501</sup> Chairman
S. Boyce	090-36-4304	RD#2 Barneveld NY	13304 Pres
W. Palmer	113-30-0824	18 Pleasant Vw Whitesboro NY	<sup>13452</sup> Sec. Treas

12. Are you a non-profit Corporation, Unincorporated Association, Community Chest, Fund or Foundation, organized and operated exclusively for religious, charitable, scientific, literary or educational purposes? ☐ YES ☒ NO

13. For each of your establishments in New York State, answer "a-e" below. Use separate sheet for each establishment.

a. Location .....

NO. AND STREET

CITY OR TOWN

COUNTY

b. Approximately how many persons do you employ there? None

c. Principal activity at above location - - - Check (✓):

☐ Manufacturing

☐ Wholesale Trade

☐ Service

☐ Contract Construction

☐ Retail Trade

☐ Repairing

☒ Administrative

☐ Other

d. If you are engaged in manufacturing in this establishment, complete the following:

PRINCIPAL PRODUCTS  
OR ACTIVITIES

PERCENT OF TOTAL  
SALES VALUE

PRINCIPAL RAW  
MATERIALS USED

e. If principal activity is not manufacturing, indicate products sold or services rendered.

Was set up to be a holding company but no business has been transacted - Corporation is dormant

I affirm that I have read the questions and that the answers are true to the best of my knowledge and belief.

SIGNATURE OF OFFICER, PARTNER OR PROPRIETOR

OFFICIAL POSITION

DATE

See Tuerny

12-12-79



STATE OF NEW YORK  
**DEPARTMENT OF LABOR**

STATE OFFICE BUILDING CAMPUS  
ALBANY, NEW YORK 12240

UNEMPLOYMENT INSURANCE DIVISION

Trans. No.: LDR 083121

SCHUYLER HOLDING CO INC  
1506 WHITESBORO ST  
UTICA NY 13502

DEC 0 5 1979

In reply please refer to  
transmittal number above  
address box.

**FINAL NOTICE**

We have not heard from you in reply to our recent letter requesting that you submit a "Report to Determine Liability under the New York State Unemployment Insurance Law."

We must inform you that unless the report, properly filled out, is received within ten (10) days from the date of this letter, it will be necessary to take such action as is provided by law or regulation to compel compliance.

If you are registered with this Division and have previously filed the Report, please indicate the name, address and registration number under which you are so registered.

Very truly yours,

*Harold Kasper*

HAROLD KASPER, Director  
Unemployment Insurance Division

*Mailed  
12/14/79*

NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION

STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

**INSTRUCTIONS FOR COMPLETING FORM IA 100, REPORT TO DETERMINE LIABILITY  
UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW**

USE FORM IA 100D FOR PERSONAL OR DOMESTIC EMPLOYMENT

**PREPARE IN DUPLICATE - RETAIN ONE COPY**

**ITEMS 1 and 2 - FEDERAL EMPLOYER IDENTIFICATION NUMBER AND TELEPHONE NUMBER**

Enter in item 1 the nine digit Federal employer identification number which appears on your Social Security and Withholding Tax forms. The use of this number in certifying your payments to the Internal Revenue Service under the Federal Unemployment Tax Act will give positive identification of such payments. Enter in item 2 your complete telephone number.

**ITEMS 3 and 4 - NAME OF EMPLOYER AND OTHER NAME UNDER WHICH BUSINESS IS CONDUCTED**

Enter in item 3 the actual name of the employer and in item 4 the trade name, firm name, registered name, etc., if any, used for business purposes. For example, John N. Businessman operates a retail store under the name of Busy Bootery. John N. Businessman should be entered as item 3 and Busy Bootery as item 4. If the employer is a partnership, the full names of all partners should be entered as item 3. If the employer is a corporation, the corporate name shown in its Certificate of Incorporation or other official document should be entered in item 3. In case of an estate of a decedent, insolvent, incompetent, etc., the name of the estate should be shown in item 3 and the name of the administrator or other fiduciary in item 4.

**ITEM 5 - BUSINESS ADDRESS**

Enter in item 5 the actual address of your business. *DO NOT GIVE POST OFFICE BOX.*

**ITEM 8a - REMUNERATION PAID**

Consider as remuneration every form of compensation such as:

- (1) Salary.
- (2) Cash Wages.
- (3) Commissions.
- (4) Bonuses.
- (5) Payments to corporate officers irrespective of their stock ownership.
- (6) Reasonable money value of board, rent, housing, lodging or any similar advantage received.
- (7) The value of tips or other gratuities received from persons other than the employer.

Do NOT consider as remuneration

- (a) Compensation paid to daytime elementary or secondary school students working after school or during vacation periods.
- (b) Compensation paid to the spouse or to a child (under 21 years of age) of an individual owner.
- (c) Compensation paid to employees who perform no services in New York State.
- (d) Compensation paid to employees whose services are considered to be in agricultural labor.

**ITEM 8b - COMPENSATION NOT CONSIDERED REMUNERATION**

Answer "NO" if the only compensation you did not consider remuneration in answering 8a consisted of (a) thru (d) above.

**ITEM 9 - ACQUISITION OF BUSINESS OF ANOTHER EMPLOYER**

Answer "YES" to Question 9 only if one or more of the following are true:

- (1) You employed substantially the same employees as the previous owner.
- (2) You continued or resumed the business of the previous owner at the same or another location.
- (3) You assumed his obligations.
- (4) You acquired his goodwill.

(OVER)

## ITEM 10 - VOLUNTARY COVERAGE

Section 561, Subdivision 1, of the Unemployment Insurance Law permits an employer who is not liable for contributions to cover his employees on a voluntary basis. Liability begins the first day of the calendar quarter in which an approved application is filed and continues at least until the end of the following year.

Partial coverage is not permitted. The election must include all employees except persons in certain types of employment excluded by law whose services cannot be covered by voluntary election such as:

- (a) Day students in an elementary or secondary school.
- (b) The husband, wife or children (under 21 years of age) of an individual proprietor.
- (c) Golf caddies.
- (d) Independent contractors.

## ITEM 13c - 13e - PRINCIPAL ACTIVITY

Describe (1) principal activity or (2) product which produces greatest gross sales value. Examples:

### MANUFACTURING

- State type of establishment, e.g., sawmill, vegetable cannery, printing and publishing. Show principal products, percent of total sales value, and principal raw materials used. Specify principal products, e.g., upholstered household furniture; ladies' sweaters hand knit from yarn.

### CONTRACT CONSTRUCTION

- Specify general or special trade contractor, and show usual type of work, e.g., general contractor on residential building, streets and highways, plumbing subcontractor.

### TRADE

- State principal product distributed. Indicate whether sold mainly at wholesale (for resale) or at retail (directly to consumer).

### SERVICE

- State type of service rendered, e.g., owner-operator of apartment house or office building, management of real estate (specify type), operation of hotel, motel, barber shop, laundry, photo studio, advertising agency, rental of coin-operated vending machines.

### REPAIRING

- State type of repair activity, e.g., automotive, tire, electrical, watch or jewelry, upholstery, welding, dental.

### ADMINISTRATIVE

- Clerical and executive administration of operations. This could include administration over activities conducted outside of New York State. Specify principal activity administered, e.g., manufacturing (indicate product and raw materials used), trade (specify product sold), other (describe in detail).

### OTHER ACTIVITIES

- Indicate type of activity not covered by above paragraphs, e.g., agriculture, forestry, fisheries, mining, finance, insurance, investments, motion picture or television production, amusement or recreational.





STATE OF NEW YORK  
DEPARTMENT OF LABOR

STATE OFFICE BUILDING CAMPUS  
ALBANY, NEW YORK 12240

UNEMPLOYMENT INSURANCE DIVISION

Trans. No.: LDR 083121

SEP 21 1979

SCHUYLER HOLDING CO INC  
1506 WHITESBORO ST  
UTICA NY 13502

In reply please refer to  
transmittal number above  
address box.

Information received from the source noted indicates that you are an employer operating in New York State.

☐ Social Security Registration ☐ Social Security Report ☐ Correspondence ☒ Department of State

The enclosed "Report to Determine Liability under the New York State Unemployment Insurance Law" must be completed by you whether or not you believe you are liable for contributions to the Unemployment Insurance Fund.

If you are already registered with this Division, please attach to the completed form a statement indicating the name, address and registration number under which you are registered.

All questions on this form must be answered. Please return the completed report, properly signed, to this office promptly.

We will let you know our determination as to your liability. If it is determined that you are an employer liable for contributions, a registration number will be assigned to you, which you will use on all reports and correspondence with this Division.

Very truly yours,

*Harold Kasper*

HAROLD KASPER, Director  
Unemployment Insurance Division

RECEIVED

Gastano Construction Co.

SEP 24 1979

8,9,10,11,12,13,14,15

## NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION  
STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

083121

REPORT TO DETERMINE LIABILITY UNDER  
THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

FOR DEPARTMENTAL USE ONLY

INDUSTRY	LOCATION	EMPLOYER NUMBER
SUBJ. DATE	AV. NO. EMPS.	PREVIOUS OWNER
EXAMINED BY	FEDERAL IDENTIFICATION NUMBER	
<input type="checkbox"/> 1A 196 <input type="checkbox"/> 1A 184.1 <input type="checkbox"/> NO LETTER		CODED BY NO. OF 1A'S

## PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM

PREPARE IN DUPLICATE - RETAIN ONE COPY  
TYPE OR PRINT IN INK - ANSWER ALL QUESTIONS

If the space provided under any item is not sufficient for a complete answer, attach extra sheet(s). Show item number and your firm name at the top of each sheet.

1. Federal Employer Identification Number	AREA CODE	NUMBER

2. Telephone

3. Name of employer .....

4. Other name under which business is conducted .....

5. Business address .....

NO. AND STREET

CITY

STATE

ZIP CODE

6. Address to which correspondence and reporting forms should be mailed if different from above:

NO. AND STREET

CITY

STATE

ZIP CODE

7. a. Date you began business in New York State .....

b. Type of Organization: Check (✓) one: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify below)

8. a. Have you paid remuneration of \$300, or more in **TOTAL** during any calendar quarter **AFTER 1975 OR** do you expect to pay this amount during the current quarter?

☐ YES ☐ NO

If "Yes," enter first such quarter and year

QUARTER

YEAR

b. Are there any persons who performed work for you whose compensation you did not consider as remuneration in answering Item 8a? ☐ YES ☐ NO

If "Yes," furnish the following information:

(1) Nature of services performed .....

(2) Explanation of compensation not considered as remuneration .....

9. Have you acquired all or part of the business of another employer liable for unemployment insurance contributions?

☐ YES ☐ NO

If "Yes," the following information must be given:

a. Check (✓) one: ☐ ALL was acquired  
☐ PART was acquired

b. Date of acquisition .....

c. Business name of previous owner .....

Business address .....

Unemployment insurance registration number of previous owner .....

(OVER)

10. If you are not liable under the Unemployment Insurance Law, do you wish to elect voluntary coverage? ☐ YES ☐ NO

11. a. Give name and address of person having custody (or knowledge) of your payroll records:

.....  
.....

b. Give the information requested below for the owner; the partners; or the officers, if a corporation:

<u>NAME</u>	<u>SOCIAL SECURITY ACCOUNT NUMBER</u>	<u>RESIDENCE</u>	<u>TITLE</u>
-------------	---	------------------	--------------

.....  
.....  
.....

12. Are you a non-profit Corporation, Unincorporated Association, Community Chest, Fund or Foundation, organized and operated exclusively for religious, charitable, scientific, literary or educational purposes? ☐ YES ☐ NO

13. For each of your establishments in New York State, answer "a-e" below. Use separate sheet for each establishment.

a. Location .....  
NO. AND STREET CITY OR TOWN COUNTY

b. Approximately how many persons do you employ there? .....

c. Principal activity at above location - - - Check (✓):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Service
<input type="checkbox"/> Contract Construction	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Repairing
<input type="checkbox"/> Administrative		

☐ Other .....

d. If you are engaged in manufacturing in this establishment, complete the following:

PRINCIPAL PRODUCTS  
OR ACTIVITIES

PERCENT OF TOTAL  
SALES VALUE

PRINCIPAL RAW  
MATERIALS USED

.....  
.....  
.....

e. If principal activity is not manufacturing, indicate products sold or services rendered.

.....  
.....

I affirm that I have read the questions and that the answers are true to the best of my knowledge and belief.

.....  
SIGNATURE OF OFFICER, PARTNER OR PROPRIETOR

.....  
OFFICIAL POSITION

.....  
DATE

UNEMPLOYMENT INSURANCE DIVISION  
STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

# REPORT TO DETERMINE LIABILITY UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW

FOR DEPARTMENTAL USE ONLY

INDUSTRY	LOCATION	EMPLOYER NUMBER
SUBJ. DATE	AV. NO. EMPS.	PREVIOUS OWNER
EXAMINED BY	FEDERAL IDENTIFICATION NUMBER	
<input type="checkbox"/> 1A 196 <input type="checkbox"/> 1A 184.1 <input type="checkbox"/> NO LETTER		CODED BY / NO. OF 1A'S

**PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM**

**PREPARE IN DUPLICATE - RETAIN ONE COPY  
TYPE OR PRINT IN INK - ANSWER ALL QUESTIONS**

If the space provided under any item is not sufficient for a complete answer, attach extra sheet(s). Show item number and your firm name at the top of each sheet.

1. Federal Employer Identification Number		2. Telephone	AREA CODE   NUMBER	

3. Name of employer .....

4. Other name under which business is conducted .....

**5. Business address** .....

NO. AND STREET	CITY	STATE	ZIP CODE
----------------	------	-------	----------

**6. Address to which correspondence and reporting forms should be mailed if different from above:**

NO. AND STREET	CITY	STATE	ZIP CODE
1000	NEW YORK	NY	10001

7. a. Date you began business in New York State .....

b. Type of Organization: Check (✓) one: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify below)

8. a. Have you paid remuneration of \$300, or more in **TOTAL** during any calendar quarter **AFTER 1975** OR do you expect to pay this amount during the current quarter? ☐ ☐

☐ YES      ☐ NO

If "Yes," enter first such quarter and year .....

QUARTER	YEAR
---------	------

b. Are there any persons who performed work for you whose compensation you did not consider as remuneration in answering Item 8a? ☐ YES ☐ NO

If "Yes," furnish the following information:

(1) Nature of services performed .....

(2) Explanation of compensation not considered as remuneration .....

**9. Have you acquired all or part of the business of another employer liable for unemployment insurance contributions?**

☐ YES      ☐ NO

If "Yes," the following information must be given:

a. Check (✓) one: ☐ ALL was acquired  
☐ PART was acquired

b. Date of acquisition .....

c. Business name of previous owner .....

Business address .....

Unemployment insurance registration number of previous owner .....

(OVER)

10. If you are not liable under the Unemployment Insurance Law, do you wish to elect voluntary coverage? ☐ YES ☐ NO

11. a. Give name and address of person having custody (or knowledge) of your payroll records:

.....  
.....

b. Give the information requested below for the owner; the partners; or the officers, if a corporation:

<u>NAME</u>	<u>SOCIAL SECURITY ACCOUNT NUMBER</u>	<u>RESIDENCE</u>	<u>TITLE</u>
-------------	---	------------------	--------------

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

12. Are you a non-profit Corporation, Unincorporated Association, Community Chest, Fund or Foundation, organized and operated exclusively for religious, charitable, scientific, literary or educational purposes? ☐ YES ☐ NO

13. For each of your establishments in New York State, answer "a-e" below. Use separate sheet for each establishment.

a. Location .....  
NO. AND STREET CITY OR TOWN COUNTY

b. Approximately how many persons do you employ there? .....

c. Principal activity at above location - - - Check (✓):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Service
<input type="checkbox"/> Contract Construction	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Repairing
<input type="checkbox"/> Administrative .....	.....	.....

☐ Other .....

d. If you are engaged in manufacturing in this establishment, complete the following:

PRINCIPAL PRODUCTS  
OR ACTIVITIES

PERCENT OF TOTAL  
SALES VALUE

PRINCIPAL RAW  
MATERIALS USED

.....	.....	.....
.....	.....	.....
.....	.....	.....

e. If principal activity is not manufacturing, indicate products sold or services rendered.

.....  
.....

I affirm that I have read the questions and that the answers are true to the best of my knowledge and belief.

.....  
SIGNATURE OF OFFICER, PARTNER OR PROPRIETOR

.....  
OFFICIAL POSITION

.....  
DATE

NEW YORK STATE DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE DIVISION

STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

**INSTRUCTIONS FOR COMPLETING FORM IA 100, REPORT TO DETERMINE LIABILITY  
UNDER THE NEW YORK STATE UNEMPLOYMENT INSURANCE LAW**

USE FORM IA 100D FOR PERSONAL OR DOMESTIC EMPLOYMENT

**PREPARE IN DUPLICATE - RETAIN ONE COPY**

**ITEMS 1 and 2 - FEDERAL EMPLOYER IDENTIFICATION NUMBER AND TELEPHONE NUMBER**

Enter in item 1 the nine digit Federal employer identification number which appears on your Social Security and Withholding Tax forms. The use of this number in certifying your payments to the Internal Revenue Service under the Federal Unemployment Tax Act will give positive identification of such payments. Enter in item 2 your complete telephone number.

**ITEMS 3 and 4 - NAME OF EMPLOYER AND OTHER NAME UNDER WHICH BUSINESS IS CONDUCTED**

Enter in item 3 the actual name of the employer and in item 4 the trade name, firm name, registered name, etc., if any, used for business purposes. For example, John N. Businessman operates a retail store under the name of Busy Bootery. John N. Businessman should be entered as item 3 and Busy Bootery as item 4. If the employer is a partnership, the full names of all partners should be entered as item 3. If the employer is a corporation, the corporate name shown in its Certificate of Incorporation or other official document should be entered in item 3. In case of an estate of a decedent, insolvent, incompetent, etc., the name of the estate should be shown in item 3 and the name of the administrator or other fiduciary in item 4.

**ITEM 5 - BUSINESS ADDRESS**

Enter in item 5 the actual address of your business. *DO NOT GIVE POST OFFICE BOX.*

**ITEM 8a - REMUNERATION PAID**

Consider as remuneration every form of compensation such as:

- (1) Salary.
- (2) Cash Wages.
- (3) Commissions.
- (4) Bonuses.
- (5) Payments to corporate officers irrespective of their stock ownership.
- (6) Reasonable money value of board, rent, housing, lodging or any similar advantage received.
- (7) The value of tips or other gratuities received from persons other than the employer.

Do NOT consider as remuneration

- (a) Compensation paid to daytime elementary or secondary school students working after school or during vacation periods.
- (b) Compensation paid to the spouse or to a child (under 21 years of age) of an individual owner.
- (c) Compensation paid to employees who perform no services in New York State.
- (d) Compensation paid to employees whose services are considered to be in agricultural labor.

**ITEM 8b - COMPENSATION NOT CONSIDERED REMUNERATION**

Answer "NO" if the only compensation you did not consider remuneration in answering 8a consisted of (a) thru (d) above.

**ITEM 9 - ACQUISITION OF BUSINESS OF ANOTHER EMPLOYER**

Answer "YES" to Question 9 only if one or more of the following are true:

- (1) You employed substantially the same employees as the previous owner.
- (2) You continued or resumed the business of the previous owner at the same or another location.
- (3) You assumed his obligations.
- (4) You acquired his goodwill.

(OVER)

## ITEM 10 - VOLUNTARY COVERAGE

Section 561, Subdivision 1, of the Unemployment Insurance Law permits an employer who is not liable for contributions to cover his employees on a voluntary basis. Liability begins the first day of the calendar quarter in which an approved application is filed and continues at least until the end of the following year.

Partial coverage is not permitted. The election must include all employees except persons in certain types of employment excluded by law whose services cannot be covered by voluntary election such as:

- (a) Day students in an elementary or secondary school.
- (b) The husband, wife or children (under 21 years of age) of an individual proprietor.
- (c) Golf caddies.
- (d) Independent contractors.

## ITEM 13c - 13e - PRINCIPAL ACTIVITY

Describe (1) principal activity or (2) product which produces greatest gross sales value. Examples:

- |                              |   |
|------------------------------|---|
| <b>MANUFACTURING</b>         | - State type of establishment, e.g., sawmill, vegetable cannery, printing and publishing. Show principal products, percent of total sales value, and principal raw materials used. Specify principal products, e.g., upholstered household furniture; ladies' sweaters hand knit from yarn.                     |
| <b>CONTRACT CONSTRUCTION</b> | - Specify general or special trade contractor, and show usual type of work, e.g., general contractor on residential building, streets and highways, plumbing subcontractor.   |
| <b>TRADE</b>                 | - State principal product distributed. Indicate whether sold mainly at wholesale (for resale) or at retail (directly to consumer).  |
| <b>SERVICE</b>               | - State type of service rendered, e.g., owner-operator of apartment house or office building, management of real estate (specify type), operation of hotel, motel, barber shop, laundry, photo studio, advertising agency, rental of coin-operated vending machines.  |
| <b>REPAIRING</b>             | - State type of repair activity, e.g., automotive, tire, electrical, watch or jewelry, upholstery, welding, dental.   |
| <b>ADMINISTRATIVE</b>        | - Clerical and executive administration of operations. This could include administration over activities conducted outside of New York State. Specify principal activity administered, e.g., manufacturing (indicate product and raw materials used), trade (specify product sold), other (describe in detail). |
| <b>OTHER ACTIVITIES</b>      | - Indicate type of activity not covered by above paragraphs, e.g., agriculture, forestry, fisheries, mining, finance, insurance, investments, motion picture or television production, amusement or recreational.   |

Schuyler Holding Co.

Board of Directors.

President (Managing Director M.I. & E.C.I.)

532869





Mobank Int.

Board of Directors

Managing Director

Electro-Mech Div.

V.P. - Gen. Mgr.

X Div.

V.P. - Gen. Mgr.

Empire.

Board of Directors

Managing Director

Exec. V. P. - General Mgr.

Marketing

Marketing

Admin

C.T.

accounts payable	178,741.21 *
Mtg payable	143,000. -
Taxes Payable	<u>100,000. -</u>
	421,741.21

Rec'd - \$400,000. - ±

\* - 127,444.37 to Realty Corp.

Realty

accounts payable	36,576.60
Loans payable	<u>65,000. -</u>
	101,576.60

Rec'd - 127,444.37 (C.T.)

80,000. - ± (sale)

207,444.37

(105,867.77 +)

Const.

# Schuyler Holding Co., Inc. - Proposed Structure

CAG investment in Empire

net of loans assumed (\$242,000.-) (total) \$176,756.-

Cash equity

10,000.-  
186,756.-

Boyer - buy 15% for \$30,000 by note  
payable to Schuyler in 5 years,  
-0- int.

Olin - given option to purchase 5%  
for \$15,000. within 1 year.

Any new capital loans to be through the  
holding Co. and repaid by holding  
Co.

Board - CAG Chairman

Pers. - Boyer

Sal. - -0-

STB

Cor. - yes

BAG

1 club.

Empire Circuits Inc.

Board - same + Olin

Pers - Boyer Sal 35k Prof. Share 25%

Exec. V.P. - Olin Sal 35k " " 25%

358756

60,000 Munson

418,756

(42,000) Munson

(200,000) B of U.

176,756

100

076

2020 = 55k.

11

# Schuyler Holding Co., Inc. - Proposed Structure

CAG investment in Empire

net of loans assumed (\$242,000.-) (over) \$176,756.-

Cash equity

10,000.-  
186,756.-

Boyer - buy 15% for \$28,000 by note  
payable to Schuyler in 5 years,  
- 0 - int.

Olin - given option to purchase 5%  
for \$15,000. within 1 year.

Any new capital loans to be through the  
holding Co. and repaid by holding  
Co.

Board - CAG chairman

Pers. - Boyer

Sal. - - 0 -

STB

Cor. - yes

BAG

1 clwb.

Empire Circuits, Inc.

Board - same + Olin

Pers. - Boyer Sal 35K Prof. Share 2.5%

Exec. V.P. - Olin Sal 35K " " 2.5%

358756

60,000 Monson

418,756

(42,000) Monson

(200,000) B of U.

176,756

# Schuyler Holding Co., Inc. - Proposed Structure

CAG investment in Empire

net of loans assumed (\$242,000.-) (total) \$176,756.-

Cash equity

10,000.-  
186,756.-

Boyer - buy 15% for \$30,000 by note  
payable to Schuyler in 5 years,  
-0- int.

Olin - given option to purchase 5%  
for \$15,000. within 1 year.

Any new capital loans to be through the  
holding Co. and repaid by holding  
Co.

Board - CAG Chairman

Pres. - Boyer

Sal. - -0-

SJB

Cor. - yes

BAG

1 club.

Empire Credits Inc.

Board - same + Olin

Pres - Boyer

Sal 35k

Pool Share 2.5%

Exec. V.P. - Olin

Sal 35k

" " 2.5%



358756

60,000 Munson

418,756

(42,000) Munson

(200,000) B of U.

176,756

①

Schuyler Holding Co., Inc.

~~5390~~

~~120 90~~

Mohawk International

Empire Circuits

---

Schuyler Holding Co., Inc.

Initial Capitalization:-

Mohawk Int. stock:

Lozano 209,986

Persley 189,820 @ \$1.-

\$ 399,806.-

Empire Circuits, Inc.

(Lozano)

750,000.-

Midstate Steel

(Lozano)

100,000.-

Cash

(Lozano)

10,000.-

---

1,259,806.-

## Ownership Calculation:-

	<u>Amount Contributed</u>	<u>total</u>	<u>%</u>
Persley: M.I. stock	189,820.-		
Debt forgiveness	<u>100,000.-</u>		
	289,820.-	1,359,806.	21 %

Gortano: Empire Circuits	750,000.-		
Midstate Steel	100,000.-		
Cash	10,000.-		
M.I. stock	<u>209,986.-</u>		
	1,069,986.-	1,359,806.	79 %

## Debt Structure Proposed

\$700,000.-

[ 300 term  
400 conv. Revolver ]

## Application of Funds -

200,000.- repay M.I.

300,000.- paydown B. of U. existing  
& replace

100,000.- add'l line to E.C.

650,000.-

excess cash 160,000.- (100 + 10)

## Financing Alternatives.

Initial loan

£ 500,000.-

application 200,000.- M.I.

300,000.- avail to E.C.I.

New bank to replace existing 300k  
Empire line and new EDA  
line of £400,000.- from which  
any monies advanced may be  
repaid.

Schuyler Holding Co., Inc.

5390

120 90

Mohawk International

Empire Circuits

---

Schuyler Holding Co., Inc.

Initial Capitalization: -

Mohawk Int. stock:

Leitner 209,986

Pearley 189,820 @ 1.-

\$ 399,806. -

Empire Circuits, Inc.

(Leitner)

750,000. -

Midstate Steel

(Leitner)

100,000. -

Cash

(Leitner)

10,000. -

---

1,259,806. -

## Ownership Calculation:-

	<u>Amount Contributed</u>	<u>total</u>	<u>%</u>
Persley: M.I. stock	189,820.-		
Debt forgiveness	100,000.-		
	<u>289,820.-</u>	1,359,806.	21 %
Jerfano: Empire Circuit	750,000.-		
Midstate Steel	100,000.-		
Cash	10,000.-		
M.I. stock	<u>209,986.-</u>		
	1,069,986.-	1,359,806.	79 %

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## Financing Alternatives.

Initial loan

\$500,000.-

application 200,000.- M.I.

300,000.- avail to E.C.I.

New York to replace existing 300k  
Empire line and new EDA  
line of \$400,000.- from which  
any monies advanced may be  
repaid.

Schuyler Holding Co., Inc.

~~5390~~

~~120 90~~

Mohawk International

Emp. 25 Circuits

---

Schuyler Holding Co., Inc.

Initial Capitalization:-

Mohawk Int. stock:

Garano 209,986

Pearley 189,820 @ \$1.-

\$ 399,806.-

Emp. 25 Circuits, Inc.

(Garano)

750,000.-

Midstate Steel

(Garano)

100,000.-

Cash

(Garano)

10,000.-

---

1,259,806.-



## Ownership Calculation:-

	<u>Amount Contributed</u>	<u>total</u>	<u>%</u>
Persley: M.I. stock	189,820.-		
Debt forgiveness	<u>100,000.-</u>		
	289,820.-	1,359,806.	21 %
Jordan: Empire Circuits	750,000.-		
M. J. Stutz Steel	100,000.-		
Cash	10,000.-		
M.I. stock	<u>209,986.-</u>		
	1,069,986.-	1,359,806.	79 %

## Debt Structure Proposed

\$700,000.-  
 [ 300 term  
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200,000.- repay M.I.  
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Initial loan

\$500,000.-

application 200,000.- M.I.

300,000.- avail to E.C.I.

New bank to replace existing 300k  
Empire line and new EDA  
line of \$400,000.- from which  
any monies advanced may be  
repaid.

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF UTICA, UTICA, NEW YORK that at a meeting of the Board of Directors of Schuyler Holding Co., Inc.,

A CORPORATION organized under the laws of the State of New York duly called (a quorum being present) and held at the office of said corporation at 1423 Genesee St., Utica, N.Y. on the 19th day of January, 1979

THE FOLLOWING resolutions were duly adopted and are now in full force and effect:

RESOLVED, that the above bank be designated as a depository of this corporation and that funds of this corporation deposited in said Bank be subject to withdrawal upon checks, notes, drafts, bills of exchange, acceptances, undertakings or other orders for the payment of money when signed on behalf of this corporation by any 1 of its following officers to wit: number

<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
<u>Charles A. Gaetano</u>	<u>Chairman</u>		
<u>Edwin T. Presley</u>	<u>Vice-Chairman</u>		
<u>Spencer J. Boyce</u>	<u>President</u>		
<u>Willard C. Palmer</u>	<u>Secty-Treas.</u>		

RESOLVED, that the above bank, is hereby authorized to pay any such orders and also to receive the same for credit of or in payment from the payee or any other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of any signing officer or tendered in payment of his individual obligation.

RESOLVED, that any check herein authorized to be drawn in the name of this corporation may be signed with the facsimile signature or signatures of any of the duly designated signatories of this corporation and the Bank shall be entitled to charge any such check to this corporation's account regardless of by whom or by what means the actual or purported facsimile signature or signatures thereon may have been affixed thereto, if such signature or signatures resemble the facsimile specimens duly certified to or filed with the Bank by the Secretary or any Assistant Secretary of this corporation.

RESOLVED, that the foregoing powers and authority will continue until written notice of revocation has been delivered to the above bank.

RESOLVED, that the secretary of this corporation be and he hereby is authorized to certify to the above bank, the foregoing resolutions and that the provisions thereof are in conformity with the charter and by-laws of this corporation.

I FURTHER CERTIFY that there is no provision in the charter or by-laws of said corporation limiting the power of the board of directors to pass the foregoing resolutions and that the same are in conformity with the provisions of said charter and by-laws.

IN WITNESS WHEREOF, I have hereunto set my hand as secretary of said corporation and affixed the corporate seal this 19th day of January 1979.

(CORPORATE SEAL)

  
(Secretary of Corporation)

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF UTICA, UTICA, NEW YORK that at a meeting of the Board of Directors of Schuyler Holding Co., Inc.,

A CORPORATION organized under the laws of the State of New York duly called (a quorum being present) and held at the office of said corporation at 1423 Genesee St., Utica, N.Y. on the 19th day of January, 1979

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<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
<u>Charles A. Gaetano</u>	<u>Chairman</u>		
<u>Edwin T. Presley</u>	<u>Vice-Chairman</u>		
<u>Spencer J. Boyce</u>	<u>President</u>		
<u>Willard C. Palmer</u>	<u>Secty-Treas.</u>		

RESOLVED, that the above bank, is hereby authorized to pay any such orders and also to receive the same for credit of or in payment from the payee or any other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of any signing officer or tendered in payment of his individual obligation.

RESOLVED, that any check herein authorized to be drawn in the name of this corporation may be signed with the facsimile signature or signatures of any of the duly designated signatories of this corporation and the Bank shall be entitled to charge any such check to this corporation's account regardless of by whom or by what means the actual or purported facsimile signature or signatures thereon may have been affixed thereto, if such signature or signatures resemble the facsimile specimens duly certified to or filed with the Bank by the Secretary or any Assistant Secretary of this corporation.

RESOLVED, that the foregoing powers and authority will continue until written notice of revocation has been delivered to the above bank.

RESOLVED, that the secretary of this corporation be and he hereby is authorized to certify to the above bank, the foregoing resolutions and that the provisions thereof are in conformity with the charter and by-laws of this corporation.

I FURTHER CERTIFY that there is no provision in the charter or by-laws of said corporation limiting the power of the board of directors to pass the foregoing resolutions and that the same are in conformity with the provisions of said charter and by-laws.

IN WITNESS WHEREOF, I have hereunto set my hand as secretary of said corporation and affixed the corporate seal this 19th day of January 1979.

(CORPORATE SEAL)

  
(Secretary of Corporation)

MRS. DONOVAN PLEASE SEE  
NOTE ON BOTTOM OF PAGE 2.

IN REPLY REFER TO 1043  
LTR 7250 670

NOV 10 1980

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

EMPLOYER IDENTIFICATION NUMBER - 16-1145080

DEAR TAXPAYER:

I HAVE SCHEDULED A MEETING WITH YOU TO DISCUSS YOUR FORMS INDICATED AT THE END OF THIS LETTER. THE DATE, TIME, AND PLACE ARE SHOWN THERE.

WHEN YOU COME IN, YOU SHOULD BRING THIS LETTER WITH YOU. IF YOU HAVE OTHER INFORMATION OR DOCUMENTS THAT MIGHT HELP RESOLVE THIS MATTER PLEASE BRING THEM ALSO.

IF YOU CANNOT COME IN AT THE TIME INDICATED, PLEASE CONTACT ME AS SOON AS POSSIBLE AT THE TELEPHONE NUMBER GIVEN, SO WE CAN SCHEDULE ANOTHER TIME.

THANK YOU FOR YOUR COOPERATION.

SINCERELY YOURS,

EDWARD REPKO  
CHIEF, OFFICE BRANCH

TIME - 8:30 AM TO 4:30 PM Wed. only  
DATE -  
CONTACT TELEPHONE NUMBER - 315-423-5005

PLACE OF MEETING - 276 Genesee St  
Utica, New York 13502

FORM NUMBER	TAX PERIOD ENDED	TAX	ACCUMULATED INTEREST AND PENALTY	AMOUNT DUE
1120	SEP. 30, 1975	\$ 0.00	0.00	0.00
1120	SEP. 30, 1976	\$ 0.00	0.00	0.00
1120	SEP. 30, 1977	\$ 0.00	0.00	0.00
1120	SEP. 30, 1978	\$ 0.00	0.00	0.00
1120	SEP. 30, 1979	\$ 0.00	0.00	0.00

Department of the Treasury  
Internal Revenue Service

IN REPLY REFER TO 8043  
PAGE 2 LTR 725C 6705

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

PURPOSE OF MEETING - WE HAVE NO RECORD OF RECEIVING YOUR TAX RETURNS  
FOR THE PERIOD LISTED ABOVE.


Mrs. Donovan  
Internal Revenue Service  
100 S. Clinton Street  
Syracuse, NY 13260

ID# 16-1145080

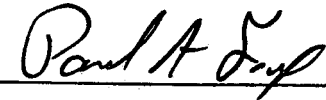
Dear Mrs. Donovan:

The Schuyler Management Co., Inc. has not been activated in the years  
1975, 1976, 1977, 1978, 1979 and 1980. No Federal Income Tax is due. I  
would greatly appreciate it if you would arrange the closing out of this  
corporation.

Thank you,

  
CHARLES A. GAETANO  
President  
SS# 086-14-0985

Mr. Charles A. Gaetano being duly sworn deposes and says that he is the  
President of the Schuyler Management Co., Inc. and that the above statement  
is true and correct Subscribed and Sworn before me this 19th Day of  
December 1980.



PAUL FOX

NOTARY PUBLIC

PAUL A. FOX  
Notary Public in the State of New York  
Appointed in Oneida County  
My Commission Expires March 30, 19

Department of the Treasury  
Internal Revenue Service

08241696

SCHUYLER HOLDING COMPANY INC  
1506 WHITESBORO ST  
UTICA NY 13502

Date of This Notice

If you inquire about  
your account, please  
refer to this  
number or attach a  
copy of this notice

04-03-79  
Employer Identification Number  
16-1122399

575 B 550155555  
55555555

**NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED**

Thank you for your application for an employer identification number. The number above has been assigned to you. We will use it to identify your business tax returns and any other related documents, even if you have no employees.

Please keep this number in your permanent records. Use the number and your name, exactly as shown above, on all Federal tax forms that require this information, and refer to the number in all tax payments and in tax-related correspondence or documents. You may wish to make a record of the number for reference in case this notice is lost or destroyed.

We appreciate your cooperation.

797 - 3111

Internal Revenue Service

100 S. Clinton Street  
Syracuse, NY 13260

Phone (315) 423-5005

Date:

12/11/80

Schulder Management Co Inc

We have no record of receiving the return listed  
at the end of this letter. If you have the return,  
please mail to this office immediately.

Since this is our <sup>5<sup>th</sup></sup> request, if the return is  
not received by 12/21/80, we will have to  
consider your failure to file as a definite refusal.

This could result in the serving of a Summons.

If there is tax due, please mail with return.

FORM

PERIOD

<u>1120</u>	<u>Sept 30, 1975</u>
	<u>" 76</u>
	<u>" 77</u>
	<u>" 78</u>
	<u>" 79</u>

Sincerely,

Edward Repko JV

Chief, Office Group II



MRS. DONOVAN

Ann S.S. Pres.

(Please Print)

---

---

---

Place stamp here.  
Post Office  
will not deliver  
mail without  
proper postage.

**Attention:**

**Internal Revenue Service Center**

100 South Clinton Street  
Syracuse, New York 13260

232887  
Department of the Treasury  
Internal Revenue Service

Request for Information about Tax Form

09-19-80

Identifying Number

16-1145080

02 7909

16-05

PC

PLC 1605

ED 8005

FYM 12 CB

FORM FR LPS TC

1120 1 7912 150

SCHU LK

8037 608

8029

SC N

EC

.00

LRA

CC

0

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

4903 M

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form

US CORPORATION INCOME TAX RETURN

09-30-79, but we have been unable to locate it, or any information about it.

1120

for the period ended

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Sincerely yours,

Enclosures:  
Notice 394  
Envelope

Director, Service Center

PART I

Please enter information exactly as shown on the tax form you filed.

Name and address on tax form

Employer identification number (business tax returns).

Social security number (individual tax returns). If filed jointly, show both numbers.

Yours

Spouse's

Date filed

Tax period on form

Form number

If paid by check, enter endorsement date and number stamped on check.

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903  
TDI FUNCTION  
P.O. BOX 6000  
ANDOVER, MA 01899

16-1145080

SCHU 02 7909

.00

**PART II**

**I DID NOT FILE THE FORM BECAUSE (CHECK APPLICABLE BLOCKS):**

- ☐ Income was less than the amount required for filing. (Please explain below, under "Remarks".)
- ☐ Business was closed on (Date) \_\_\_\_\_
- ☐ There were no employees after (Date) \_\_\_\_\_
- ☐ I am no longer liable for filing this form. (Please explain below, under "Remarks".)
- ☐ Other. (Please explain below, under "Remarks".)

**EXPLANATION OF PENALTY CHARGES**

The penalty for late filing is 5 percent a month (or part of a month) on any tax that is unpaid by the due date of the return, up to a maximum penalty of 25 percent of the unpaid tax.

The penalty for late payment of tax is computed from the due date of the return at ½ of 1 percent of the unpaid tax for each month or part of the month the tax remains unpaid. It cannot exceed 25 percent of the unpaid amount.

If both the late filing and late payment penalties apply for any month, the combination of the two is limited to 5 percent of the unpaid tax for that month.

The penalty rates for underpayment of estimated tax are shown on the enclosed Notice 394.

The penalty for late deposits is 5 percent of the amount of underpayment without regard to the time the underpayment continues. (This penalty does not apply to income tax returns.)

In addition to the penalties described above, exempt organizations may be liable for a penalty of \$10 a day for each day the required form is late and managers of private foundations may be liable for a penalty of \$10 a day for each day the annual report of a private foundation is late.

**Remarks:**

<b>Signature</b>	<b>Title (business tax returns)</b>	<b>Telephone (with area code)</b> Home: Business:	<b>Date</b>
------------------	-------------------------------------	---	-------------

Department of the Treasury  
Internal Revenue Service

Request for Information about Tax Form

09-19-80

Identifying Number

16-1145080

02 7809

16-05

PC

PLC 1605

ED 8005

FYM 12 CB

FORM FR LPS TC

1120 1 7912 150

SCHU LK

8037 608

8029

SC N EC

.00

LRA CC

0

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

4903 M

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form

US CORPORATION INCOME TAX RETURN

1120

for the period ended

09-30-78, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

If you are liable for filing the form, but have not yet filed it, please do so within the next 2 weeks. Please attach this letter to the form and include payment for any tax due plus interest as provided by law (see enclosed Notice 394). You may also be liable for the penalties described on the back of this letter unless you had reasonable cause for the delay. If you believe you had reasonable cause for late filing and late payment (other than estimated tax), please explain under "Remarks".

You may disregard this letter if you filed within the last 2 weeks and used the name and identifying number shown above. If we find we need additional information to locate the form, we will contact you again.

The enclosed envelope is for your convenience. Thank you for your cooperation.

Sincerely yours,

Enclosures:  
Notice 394  
Envelope

Director, Service Center

## PART I

Please enter information exactly as shown on the tax form you filed.

Name and address on tax form

Employer identification number (business tax returns).

--	--	--	--	--	--	--	--	--	--

Social security number (individual tax returns). If  
filed jointly, show both numbers.

Yours

Spouse's


Date filed

Tax period on form

Form number

If paid by check, enter endorsement date and number stamped on check.

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903  
TDI FUNCTION  
P.O. BOX 6000  
ANDOVER, MA 01899

16-1145080

SCHU 02 7809

.00

PART II

I DID NOT FILE THE FORM BECAUSE (CHECK APPLICABLE BLOCKS):

☐

Income was less than the amount required for filing. (Please explain below, under "Remarks".)

☐

Business was closed on (Date) \_\_\_\_\_

☐

There were no employees after (Date) \_\_\_\_\_

☐

I am no longer liable for filing this form. (Please explain below, under "Remarks".)

☐

Other. (Please explain below, under "Remarks".)

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Remarks:

Signature

Title (business tax  
returns)

Telephone (with area code)

Date

Home:

Business:

232887  
Department of the Treasury  
Internal Revenue Service

Request for Information about Tax Form

09-19-80

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

4903 M

Identifying Number

16-1145080 SCHU LK  
02 7709 8037 608  
16-05 8029  
PC SC N EC  
PLC 1605  
ED 8005  
FYM 12 CB .00  
FORM FR LPS TC LRA CC  
1120 1 7912 150 0

54301  
If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form

US CORPORATION INCOME TAX RETURN

1120

for the period ended

09-30-77, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

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Sincerely yours,

Enclosures:  
Notice 394  
Envelope

  
Director, Service Center

PART I

Please enter information exactly as shown on the tax form you filed.

Name and address on tax form

Employer identification number (business tax returns).

Social security number (individual tax returns). If  
filed jointly, show both numbers.

Yours

Spouse's

Date filed

Tax period on form

Form number

If paid by check, enter endorsement date and number stamped  
on check.

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10-76)

INTERNAL REVENUE SERVICE 4903  
TDI FUNCTION  
P.O. BOX 6000  
ANDOVER, MA 01899

16-1145080 SCHU 02 7709  
.00

PART II

I DID NOT FILE THE FORM BECAUSE (CHECK APPLICABLE BLOCKS):

☐

Income was less than the amount required for filing. (Please explain below, under "Remarks".)

☐

Business was closed on (Date) \_\_\_\_\_

☐

There were no employees after (Date) \_\_\_\_\_

☐

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☐

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Remarks:

Signature

Title (business tax returns)

Telephone (with area code)

Date

Home:

Business:



Department of the Treasury  
Internal Revenue Service

Request for Information about Tax Form

09-19-80

Identifying Number	
16-1145080	SCHU LK
02 7609	8037 608
16-05	8029
PC	SC N EC
PLC 1605	
ED 8005	
FYM 12 CB	.00
FORM FR LPS TC	LRA CC
1120 1 7912 150	0

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

4903 M

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form **1120**  
**US CORPORATION INCOME TAX RETURN** for the period ended  
**09-30-76**, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

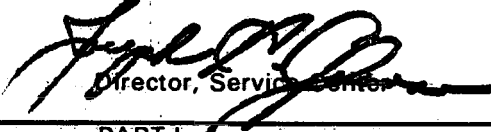
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Sincerely yours,

Enclosures:  
Notice 394  
Envelope

  
Director, Service Center

PART I

Please enter information exactly as shown on the tax form you filed.

Name and address on tax form			Employer identification number (business tax returns).	
			<input type="text"/>	
			Social security number (individual tax returns). If filed jointly, show both numbers.	
			Yours <input type="text"/> Spouse's <input type="text"/>	
Date filed	Tax period on form	Form number	If paid by check, enter endorsement date and number stamped on check.	

Please complete the signature area on the back of this letter. Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903  
TDI FUNCTION  
P.O. BOX 6000  
ANDOVER, MA 01899

16-1145080 SCHU 02 7609  
.00

PART II

I DID NOT FILE THE FORM BECAUSE (CHECK APPLICABLE BLOCKS):

☐

Income was less than the amount required for filing. (Please explain below, under "Remarks".)

☐

Business was closed on (Date) \_\_\_\_\_

☐

There were no employees after (Date) \_\_\_\_\_

☐

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☐

Other. (Please explain below, under "Remarks".)

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Remarks:

Signature

Title (business tax returns)

Telephone (with area code)

Date

Home:

Business:

232887  
54301  
E. I. NO. 25-0501000  
Department of the Treasury  
Internal Revenue Service

Request for Information about Tax Form

09-19-80

SCHUYLER MANAGEMENT CO INC  
1506 WHITESBORO ST  
UTICA, NY 13502

4903 M

Identifying Number

16-1145080 SCHU LK  
02 7509 8037 608  
16-05 8029  
PC SC N EC  
PLC 1605  
ED 8005  
FYM 12 CB .00  
FORM FR LPS TC LRA CC  
1120 1 7912 150 0

If address is not correct, please change

Dear Taxpayer:

We have made several searches of our files and records for your Form

US CORPORATION INCOME TAX RETURN.

1120

for the period ended

09-30-75, but we have been unable to locate it, or any information about it.

If you filed the form using a different name or identifying number than shown above, please complete Part I of this letter. If you are not required to file for the period in question, please complete Part II. Then return this letter to us, with the appropriate part filled in.

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Enclosures:  
Notice 394  
Envelope

Director, Service Center

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Name and address on tax form

Employer identification number (business tax returns).

—

Social security number (individual tax returns). If

filed jointly, show both numbers.

Yours

Spouse's

—

Date filed

Tax period on form

Form number

If paid by check, enter endorsement date and number stamped on check.

Please complete the signature area on the back of this letter.

Form 4903 (Rev. 10 - 76)

INTERNAL REVENUE SERVICE 4903  
TDI FUNCTION  
P.O. BOX 6000  
ANDOVER, MA 01899

16-1145080 SCHU 02 7509  
.00

**PART II**

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- ☐ Income was less than the amount required for filing. (Please explain below, under "Remarks".)
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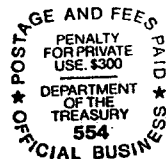
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**Remarks:**

<b>Signature</b>	<b>Title (business tax returns)</b>	<b>Telephone (with area code)</b> Home: _____ Business: _____	<b>Date</b>
------------------	-------------------------------------	---	-------------

# Internal Revenue Service

100 So. Clinton Street  
Syracuse, New York 13202



Schuyler Management Co Inc  
1506 Whitesboro St  
Utica NY 13502

Paul —

IRS returned  
call — call

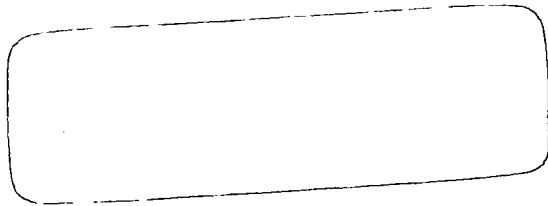
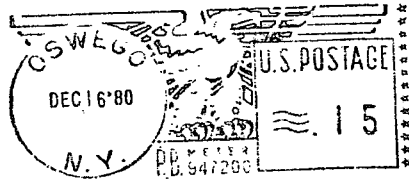
4/23-5005

will get recording  
leave message +  
employer identification  
number

ALCAN ALUMINUM CORP.

P. O. BOX 28

OSWEGO, NEW YORK 13126



# BANK of UTICA

PLEASE  
NOTIFY US  
OF ANY  
CHANGE IN  
YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC  
%GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY

13502

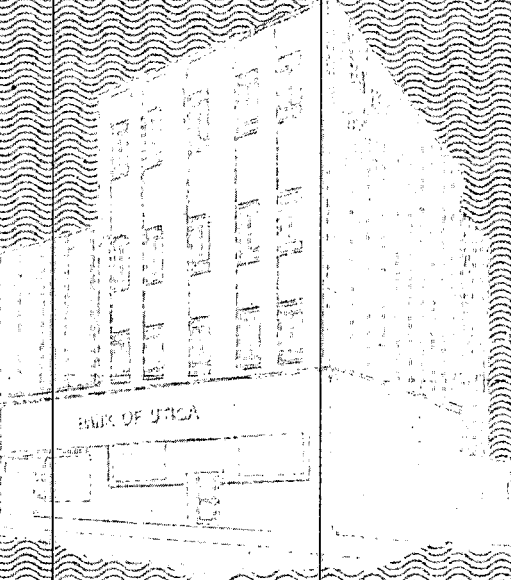
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

1/31/80

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

LEGEND:  
CR = CREDIT REVERSE  
DR = DEBIT REVERSE  
DP = DEPOSIT  
MC = MISCELLANEOUS

CM = CREDIT MEMO  
DM = DEBIT MEMO  
RT = RETURN CHECK

CC = CERTIFIED CHECK  
SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD



NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

			DEPOSITS NOT CREDITED		
TOTAL CHECKS OUTSTANDING					
BALANCE AS PER CHECK BOOK			BANK BALANCE AS PER STATEMENT		
TOTAL			TOTAL		

**Phone 797-2700**

**Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances**

**"Bank-By-Mail"**  
**24 Hour Sidewalk Depository**  
**Free Parking at our Washington Street Entrance**  
**Also at the Washington Street VIP parking lot**  
**Open until 5:00 p.m. on Mondays and Fridays**  
**Drive in Teller open till 5:00 p.m. Daily**  
**Consumer Credit Dept. open till 5:00 p.m. Daily**

# BANK of UTICA

PLEASE  
NOTIFY US  
OF ANY  
CHANGE IN  
YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC  
GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY

13502


ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

12/31/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE	
100.00				.00	
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE	
100.00				100.00	
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE	
					

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SC = SERVICE CHARGE  
LP = LIST POST

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

DEPOSITS NOT CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

★  
Business Loans  
Personal Loans  
Automobile Loans  
Collateral Loans  
Check-Credit Accounts  
Home Improvement Loans

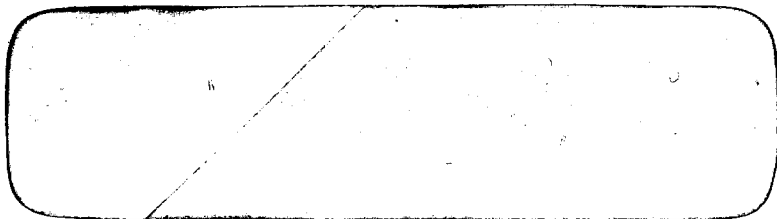
**Savings Accounts  
Certificates of Deposit  
Checking Accounts  
Christmas Clubs  
Vacation Clubs**

Mon  
New  
Travel  
Safe Depo  
U. S. Defense  
Foreign Remittan

**"Bank-By-Mail"**  
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**Drive in Teller open till 5:00 p.m. Daily**  
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222 Genesee St. Utica, N. Y. 13502



# BANK of UTICA

PLEASE  
NOTIFY US  
OF ANY  
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YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC  
%GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY

13502

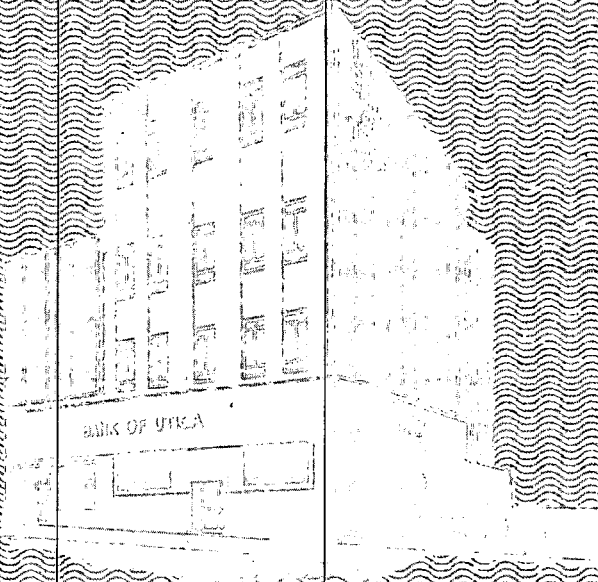
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

11/30/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

LEGEND:

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DM = DEBIT MEMO  
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CC = CERTIFIED CHECK  
SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

DEPOSITS		
NOT		
CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

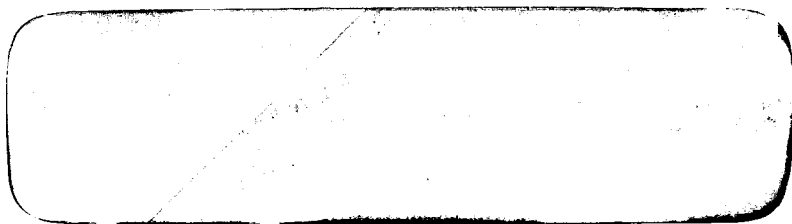
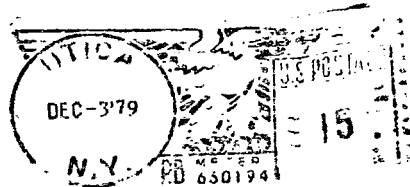
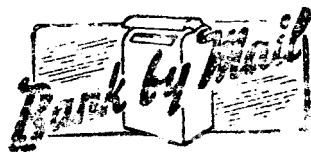
★

★

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222 Genesee St. Utica, N. Y. 13502



# BANK of UTICA

PLEASE  
NOTIFY US  
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SCHUYLER MANAGEMENT CO INC  
8GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY 13502

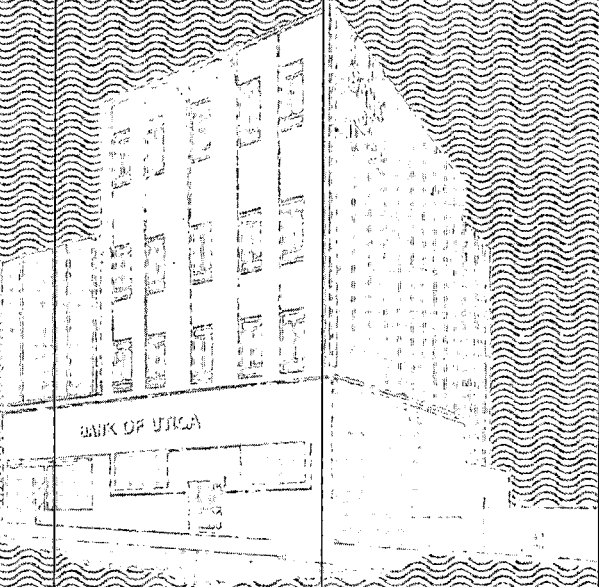
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

10/31/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

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NO ACTIVITY THIS PERIOD



NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

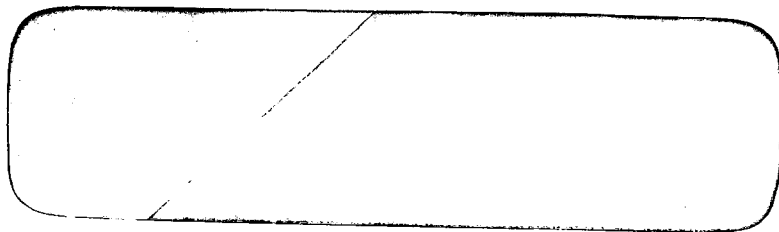
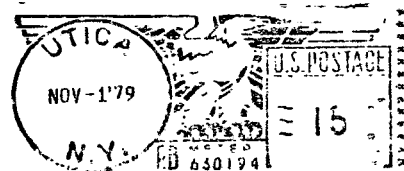
			DEPOSITS NOT CREDITED		
TOTAL CHECKS OUTSTANDING					
BALANCE AS PER CHECK BOOK			BANK BALANCE AS PER STATEMENT		
TOTAL			TOTAL		

**Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances**

**"Bank-By-Mail"**  
**24 Hour Sidewalk Depository**  
**Free Parking at our Washington Street Entrance**  
**Also at the Washington Street VIP parking lot**  
**Open until 5:00 p.m. on Mondays and Fridays**  
**Drive in Teller open till 5:00 p.m. Daily**  
**Consumer Credit Dept. open till 5:00 p.m. Daily**



222 Genesee St. Utica, N. Y. 13502



# BANK of UTICA

PLEASE  
NOTIFY US  
OF ANY  
CHANGE IN  
YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC  
%GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY

13502

ACCOUNT NUMBER

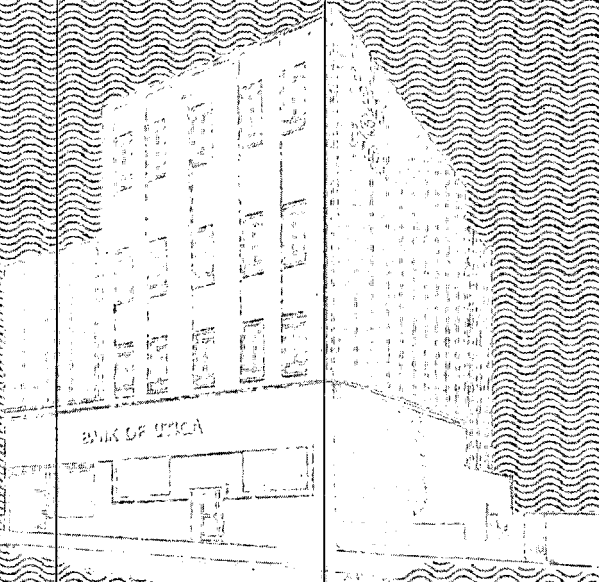
04-7894

PAGE 1

STATEMENT DATE

9/28/79

AVERAGE BALANCE	NO. OF CHECKS	SERVICE CHARGE
100.00		.00
AVERAGE COLLECTED BALANCE	NO. OF DEPOSITS	PREVIOUS STATEMENT BALANCE
100.00		100.00

DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

LEGEND:

CR = CREDIT REVERSE  
DR = DEBIT REVERSE  
DP = DEPOSIT  
MC = MISCELLANEOUS

CM = CREDIT MEMO  
DM = DEBIT MEMO  
RT = RETURN CHECK

CC = CERTIFIED CHECK  
SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

			DEPOSITS NOT CREDITED		
TOTAL CHECKS OUTSTANDING					
BALANCE AS PER CHECK BOOK			BANK BALANCE AS PER STATEMENT		
TOTAL			TOTAL		

★

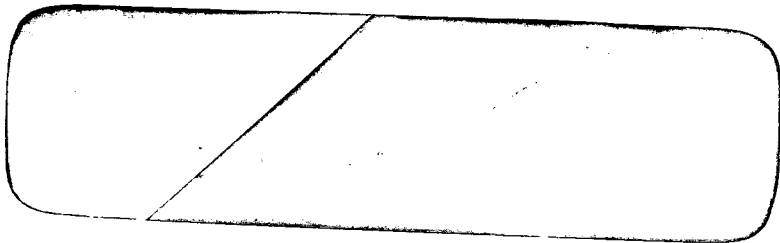
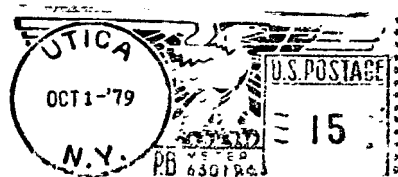
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### "SPECIAL CONVENIENCES"

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SCHUYLER MANAGEMENT CO INC  
8GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY  
13502

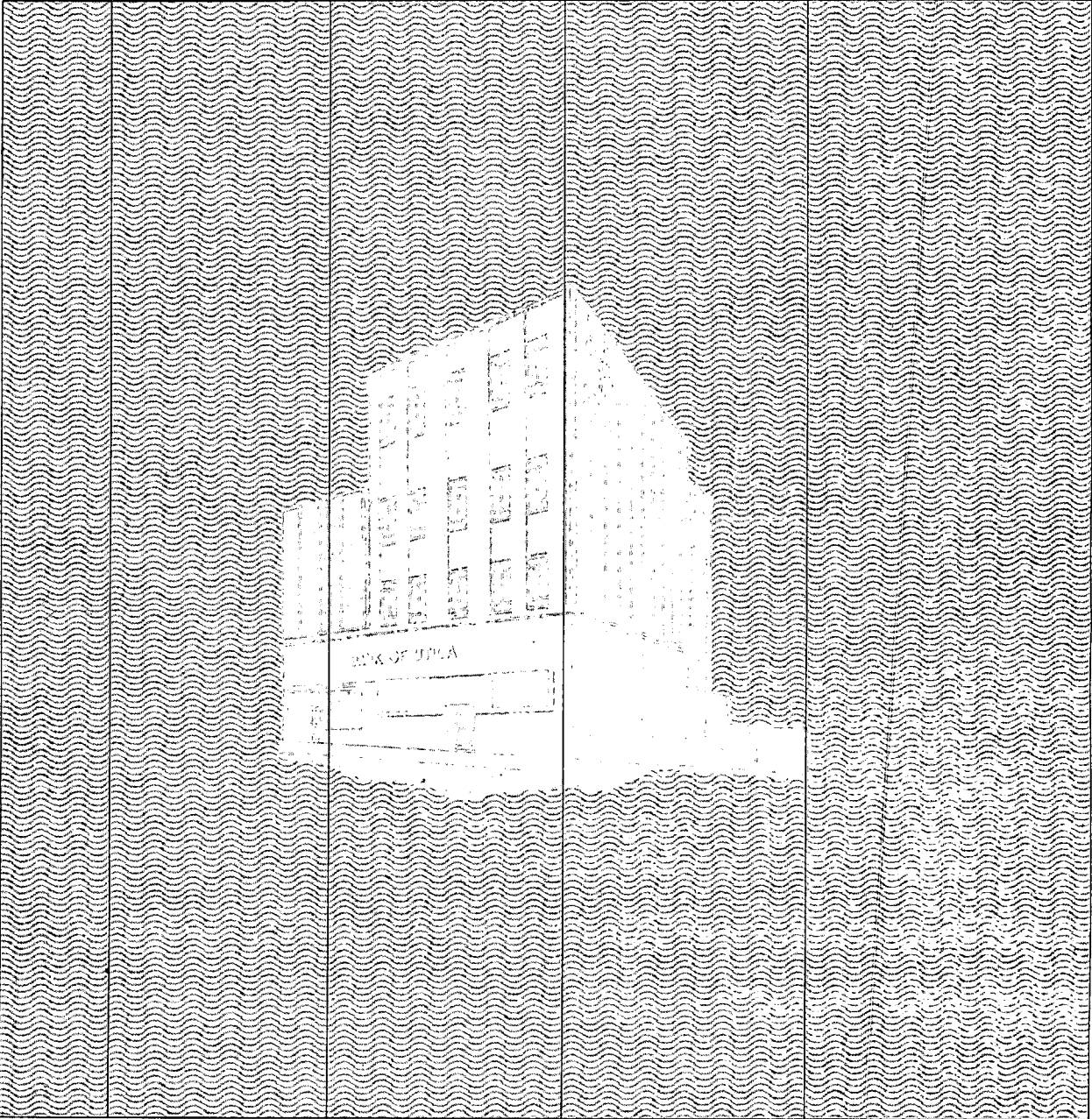
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

8/31/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE	
100.00				.00	
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE	
100.00				100.00	
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE	
					

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LP = LIST POST

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

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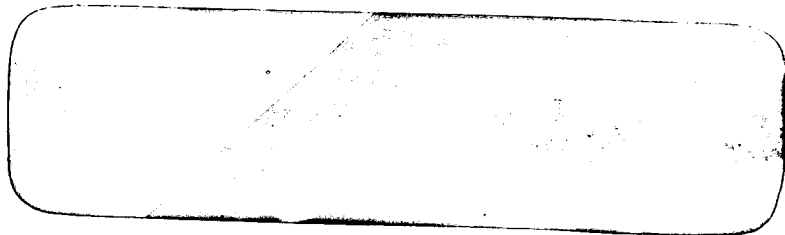
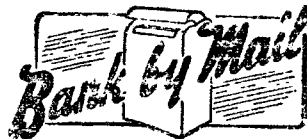
			DEPOSITS NOT CREDITED		
TOTAL CHECKS OUTSTANDING					
BALANCE AS PER CHECK BOOK			BANK BALANCE AS PER STATEMENT		
TOTAL			TOTAL		

★  
Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances

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# BANK of UTICA

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SCHUYLER MANAGEMENT CO INC  
2GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY 13502

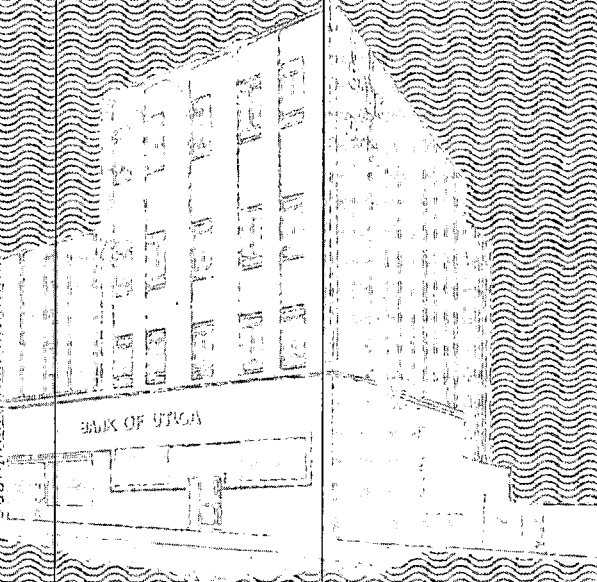
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

7/31/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

LEGEND:

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SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD

[illegible]

The two results should agree, and if so, the statement rendered is correct.

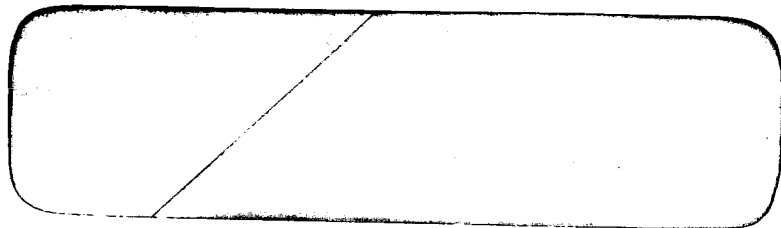
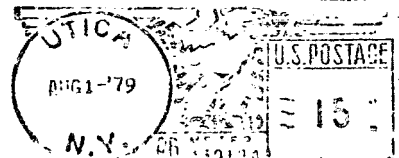
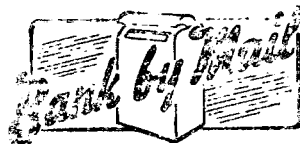
DEPOSITS <sup>3</sup>		
NOT		
CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

**Money Orders**  
**New York Drafts**  
**Travelers' Checks**  
**Safe Deposit Boxes**  
**U. S. Defense Bonds**  
**Foreign Remittances**

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1506 WHITESBORO ST  
UTICA NY 13502

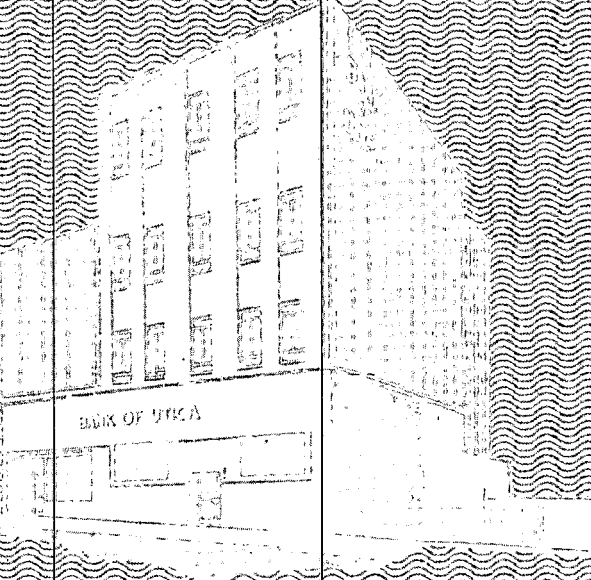
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

6/29/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

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SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

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DEPOSITS		
NOT		
CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

★  
Business Loans  
Personal Loans  
Automobile Loans  
Collateral Loans  
Check-Credit Accounts  
Home Improvement Loans

**Savings Accounts  
Certificates of Deposit  
Checking Accounts  
Christmas Clubs  
Vacation Clubs**

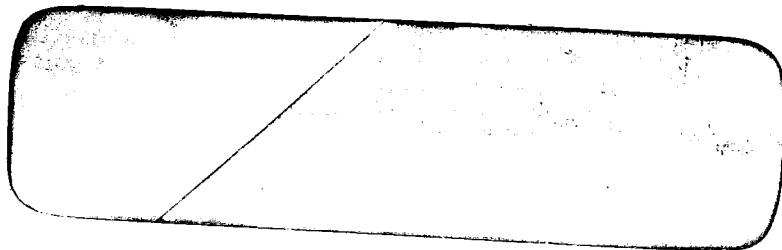
★  
Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances

### "SPECIAL CONVENIENCES"

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222 Genesee St. Utica, N. Y. 13502



# BANK of UTICA

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GAETANO CONST CORP  
1506 WHITESBORO ST  
UTICA NY  
13502

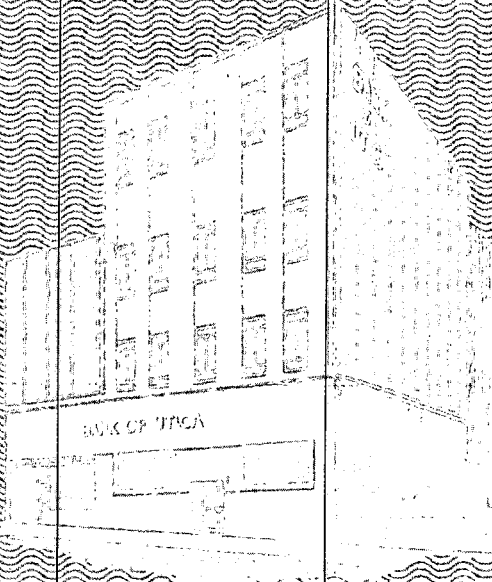
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

5/31/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

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NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

The two results should agree, and if so, the statement rendered is correct.

DEPOSITS		
NOT		
CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

★

★

**Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances**

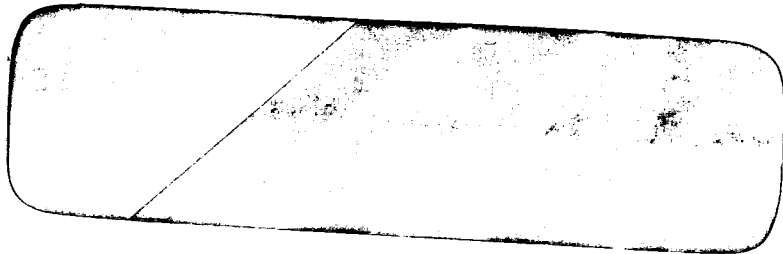
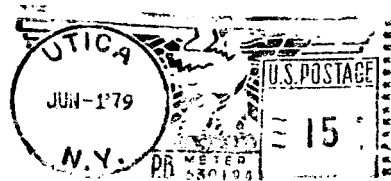
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222 Genesee St. Utica, N. Y. 13502



# BANK of UTICA

PLEASE  
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YOUR ADDRESS

SCHUYLER MANAGEMENT CO INC  
1423 GENESEE ST  
UTICA NY

13501

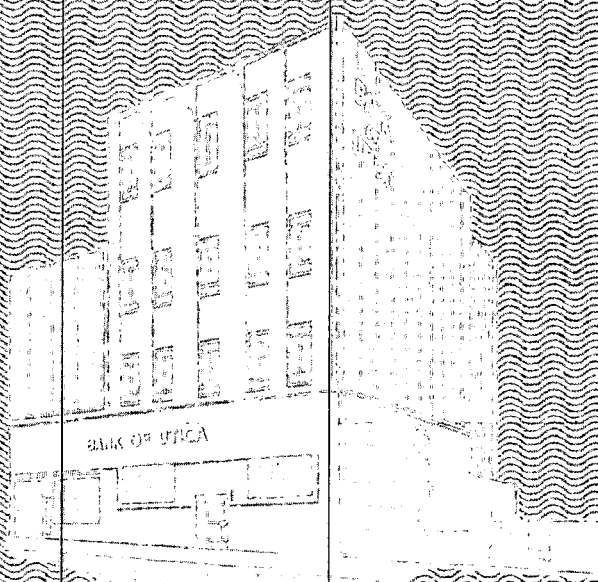
ACCOUNT NUMBER

04-7894

PAGE 1

STATEMENT DATE

4/30/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE	
100.00				.00	
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE	
100.00				100.00	
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE	
					

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CC = CERTIFIED CHECK  
SC = SERVICE CHARGE  
LP = LIST POST

NO ACTIVITY THIS PERIOD

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

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DEPOSITS NOT CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

★  
Money Orders  
New York Drafts  
Travelers' Checks  
Safe Deposit Boxes  
U. S. Defense Bonds  
Foreign Remittances

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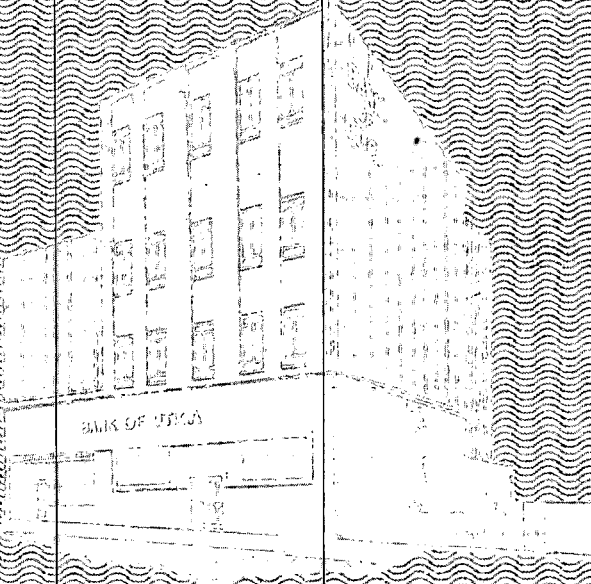
# BANK of UTICA

SCHUYLER MANAGEMENT CO INC  
1423 GENESEE ST  
UTICA NY

PLEASE  
NOTIFY US  
OF ANY  
CHANGE IN  
YOUR ADDRESS

13501

ACCOUNT NUMBER	04-7894
PAGE 1	STATEMENT DATE
	3/30/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
100.00				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
100.00				100.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
				

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NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

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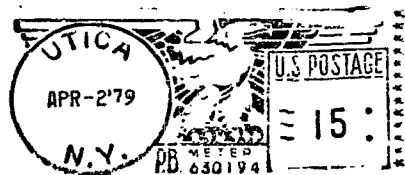
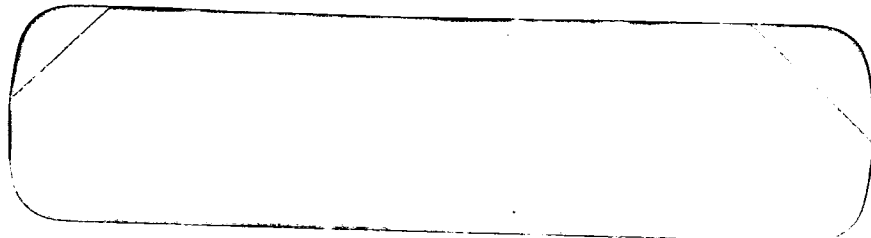
DEPOSITS NOT CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

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222 Genesee St. Utica, N. Y. 13502



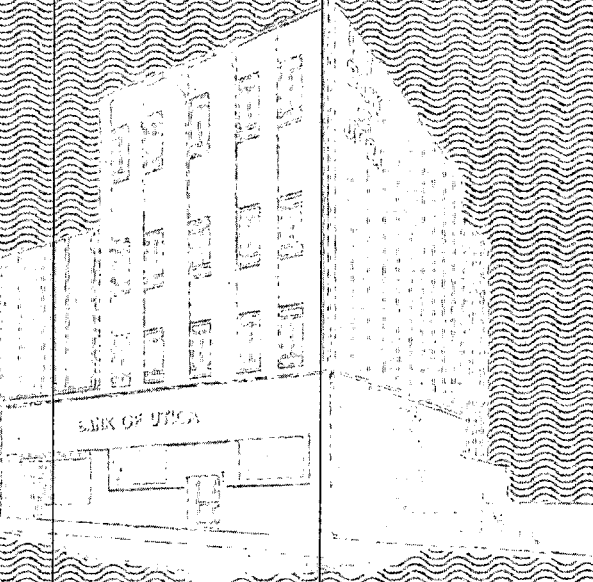
# BANK of UTICA

SCHUYLER MANAGEMENT CO INC  
1423 GENESEE ST  
UTICA NY

PLEASE  
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YOUR ADDRESS

13501

ACCOUNT NUMBER	04-7894
PAGE	1
STATEMENT DATE	2/28/79

AVERAGE BALANCE		NO. OF CHECKS		SERVICE CHARGE
82.14				.00
AVERAGE COLLECTED BALANCE		NO. OF DEPOSITS		PREVIOUS STATEMENT BALANCE
82.14		1		.00
DATE OF TRANSACTION	AMOUNT OF CHECK / DEBIT	AMOUNT OF CHECK / DEBIT	AMOUNT OF DEPOSIT / CREDIT	BALANCE
2/06			100.00 DP	100.00
				

LEGEND:

CR = CREDIT REVERSE  
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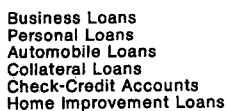
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LP = LIST POST

NUMBER	AMOUNT	
TOTAL CHECKS OUTSTANDING		
BALANCE AS PER CHECK BOOK		
TOTAL		

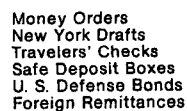
The two results should agree, and if so, the statement rendered is correct.

DEPOSITS NOT CREDITED		
BANK BALANCE AS PER STATEMENT		
TOTAL		

**Phone 797-2700**



**Savings Accounts  
Certificates of Deposit  
Checking Accounts  
Christmas Clubs  
Vacation Clubs**

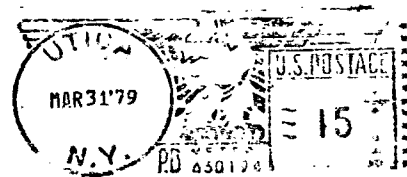
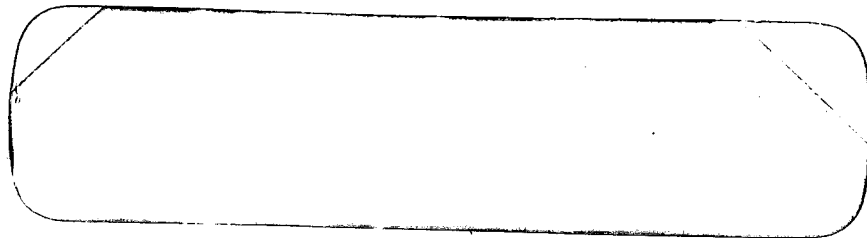


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222 Genesee St. Utica, N. Y. 13502



NAME

Schoylee Management Co. Inc.  
 1423 Genesee St. Utica



50-1138  
 213

# CHECKING ACCOUNT DEPOSIT TICKET

DATE \_\_\_\_\_ 19\_\_\_\_

Checks and other items are received for deposit  
 subject to the terms and conditions of this bank's  
 collection agreement.

CURRENCY			
COIN			
TOTAL FROM OTHER SIDE		500	-
TOTAL ITEMS	TOTAL	500	-

USE OTHER SIDE FOR  
 ADDITIONAL LISTING.  
 ENTER TOTAL HERE

**BANK OF UTICA**  
 UTICA, N. Y.

⑈0213⑈1138⑈

04⑈7894⑈

# DEPOSIT TICKET

PLEASE BE SURE THAT ALL ITEMS ARE PROPERLY  
ENDORSED. LIST EACH CHECK SEPARATELY.

CHECKS LIST SINGLY	DOLLARS	CENTS
1	500	—
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
TOTAL	500	—

PLEASE ENTER THE TOTAL AMOUNT OF  
DEPOSIT ON THE FRONT OF THIS TICKET.

NAME

CORPORATION

## SCHUYLER MANAGEMENT CO. INC.

TO 1D#x

Acct. #04-7894

You are authorized to recognize any \* one of the signatures subscribed below in the payment of funds or the transaction of any business for this account. It is agreed that all transactions between you and the undersigned shall be governed by the contract printed on the reverse side of this card.

(\* Indicate Number of Signatures Required.)

CAT. NO. 30-8985.2 REMINGTON RAND

## SIGNATURES

BY

Secretary

Charles A. Gaetano PRESIDENT

Brian A. Gaetano Exec. VICE-PRESIDENT

Spencer J. Boyce SECRETARY TREASURER

## ADDRESS

1423 Genesee St., Utica, N.Y. 13501

KP 25251

DATE OPENED

SIGNATURE AUTHORITY DATED

INITIAL DEPOSIT

ACCOUNT OPENED BY

2/6 /79

2/6/79

\$ 100.00

TBS

## DEPOSITOR'S CONTRACT

KP 25225

Items received for deposit or collection are accepted on the following terms and conditions. This bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of due care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this bank at its own office. This bank may forward items to correspondents and shall not be liable for default or negligence of correspondents selected with due care nor for losses in transit, and each correspondent shall not be liable except for its own negligence. Items and their proceeds may be handled by any Federal Reserve bank in accordance with applicable Federal Reserve rules, and by this bank or any correspondent, in accordance with any common bank usage, with any practice or procedure that a Federal Reserve bank may use or permit another bank to use, or with any other lawful means. This bank may charge back, at any time prior to midnight on its business day next following the day of receipt, any item drawn on this bank which is ascertained to be drawn against insufficient funds or otherwise not good or payable. An item received after this bank's regular afternoon closing hour shall be deemed received the next business day.

This bank reserves the right to post all deposits, including deposits of cash and of items drawn on it, not later than midnight of its next business day after their receipt at this office during regular banking hours, and shall not be liable for damages for nonpayment of any presented item resulting from the exercise of this right.

In case this bank is requested to stop payment on an item or items, the depositor agrees to hold this bank harmless for all expenses and costs incurred by this bank on account of refusing payment of said item, and further agrees not to hold this bank liable on account of payment contrary to this request if same occur through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the depositor are returned insufficient. Request for stop payment is effective for 60 days, but renewals may be made from time to time. No stop payment request, renewal or revocation shall be valid if oral or unless served at this bank.

It is agreed that this account, whether active or dormant (an account shall be considered dormant when no deposit shall have been made or checks drawn for a period of one year), shall be subject to service and maintenance charges heretofore adopted by this bank and now in effect, and to such charges as may hereafter be adopted by this bank. New service and maintenance charges and changes in existing charges shall become effective upon the posting of notice in the office of this bank for a period of ten days and the publication thereof in any local newspaper before the end of said period, or upon giving the depositor not less than ten days' notice in writing mailed to his last known address. Such charges may be deducted from the depositor's account and this bank shall not be liable for dishonoring checks, drafts, notes, acceptances or other instruments because of insufficient funds resulting from the deduction of such charges.

This bank may mail statements, canceled checks, and notices to the last address known to this bank.

NAME

CORPORATION

## SCHUYLER MANAGEMENT CO. INC.

TO

ID#x

Acct. #04-7897

You are authorized to recognize any • one of the signatures subscribed below in the payment of funds or the transaction of any business for this account. It is agreed that all transactions between you and the undersigned shall be governed by the contract printed on the reverse side of this card.

(\* Indicate Number of Signatures Required.)

CAT. NO. 30-8985.2 REMINGTON RAND

## SIGNATURES

BY: 

Secretary

Charles A. Gaetano

PRESIDENT

Brian A. Gaetano<sup>0</sup>

Exec. VICE-PRESIDENT

Spencer J. Boyce

Treasurer/  
SECRETARY

TREASURER

## ADDRESS

1423 Genesee St., Utica, N. Y. 13501

KP 25251

DATE OPENED

SIGNATURE AUTHORITY DATED

INITIAL DEPOSIT

ACCOUNT OPENED BY

2/6/79

2/6/79

\$ 100.00

# DEPOSITOR'S CONTRACT

KP 25225

Items received for deposit or collection are accepted on the following terms and conditions. This bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of due care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this bank at its own office. This bank may forward items to correspondents and shall not be liable for default or negligence of correspondents selected with due care nor for losses in transit, and each correspondent shall not be liable except for its own negligence. Items and their proceeds may be handled by any Federal Reserve bank in accordance with applicable Federal Reserve rules, and by this bank or any correspondent, in accordance with any common bank usage, with any practice or procedure that a Federal Reserve bank may use or permit another bank to use, or with any other lawful means. This bank may charge back, at any time prior to midnight on its business day next following the day of receipt, any item drawn on this bank which is ascertained to be drawn against insufficient funds or otherwise not good or payable. An item received after this bank's regular afternoon closing hour shall be deemed received the next business day.

This bank reserves the right to post all deposits, including deposits of cash and of items drawn on it, not later than midnight of its next business day after their receipt at this office during regular banking hours, and shall not be liable for damages for nonpayment of any presented item resulting from the exercise of this right.

In case this bank is requested to stop payment on an item or items, the depositor agrees to hold this bank harmless for all expenses and costs incurred by this bank on account of refusing payment of said item, and further agrees not to hold this bank liable on account of payment contrary to the request if same occur through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the depositor are returned insufficient. Request for stop payment is effective for 60 days, but renewals may be made from time to time. No stop payment request, renewal or revocation shall be valid if oral or unless served at this bank.

It is agreed that this account, whether active or dormant (an account shall be considered dormant when no deposit shall have been made or checks drawn for a period of one year), shall be subject to service and maintenance charges heretofore adopted by this bank and now in effect, and to such charges as may hereafter be adopted by this bank. New service and maintenance charges and changes in existing charges shall become effective upon the posting of notice in the office of this bank for a period of ten days and the publication thereof in any local newspaper before the end of said period, or upon giving the depositor not less than ten days' notice in writing mailed to his last known address. Such charges may be deducted from the depositor's account and this bank shall not be liable for dishonoring checks, drafts, notes, acceptances or other instruments because of insufficient funds resulting from the deduction of such charges.

This bank may mail statements, canceled checks, and notices to the last address known to this bank.

Internal Revenue Service

310 Lowell Street  
Andover, Mass. 01812

Date:

4-7-80

Schuyler Management Co. Inc.

I have been unable to  
contact you by phone and I  
need to know your  
employer identification number  
for your corporation.

Would you please either  
contact me by phone or  
send me your number  
in the enclosed envelope.

Thank you,

Judith E. Enis

OVER

Judith E. Enis

Tax Examiner

617-475-8330 ext 657



4/10 WE HAVE NO

FED I.D. #

AS Corporation is  
inactive & no

NUMBER APPLIED

FOR AS YET

Schuyler Mgmt Co Inc  
% Gaetano Const Corp

1- 315- 733-4611

Willard Palmer

CT-4

Article 9A  
Tax Law

STATE OF NEW YORK

## Corporation Franchise Tax Report

1979

For the Calendar Year 1979 or

Taxable Period Begun \_\_\_\_\_ 1979, Ended \_\_\_\_\_ 19

A SUBCHAPTER S CORPORATION MUST ATTACH A COPY OF ITS FEDERAL FORM 1120S, PAGES 1 THRU 4.

(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER <b>CT 1197645</b>	FILE NUMBER <b>BB 44</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Management Company Inc</b>		DATE RECEIVED
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER	NUMBER AND STREET <b>1506 Whiteboro St</b>		
	CITY OR TOWN, STATE AND ZIP CODE <b>Utica NY 13502</b>		
MAKE CORRECTION ON LABEL.			
PRINCIPAL BUSINESS ACTIVITY <b>Holding Company</b>	TELEPHONE NUMBER <b>733-4611</b>	BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)	
STATE OR COUNTRY OF INCORPORATION <b>New York</b>	DATE <b>10-19 1972</b>	DATE BEGAN BUSINESS IN NEW YORK STATE <b>19</b>	

FEDERAL RETURN WAS FILED ON:

☒ 1120☐ 1120-S☐ Consolidated Basis☐ Other

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?

☐ YES ☒ NO

If yes, Federal changes must be reported on Form CT-3360 within 90 days of the final Federal determination.

TOTAL ASSETS (LINE 27 COL. b)

\$

IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.

Remit amount shown at line 21, Schedule A. Make check payable to: New York State Corporation Tax →

REMITTANCE

\$ 250 00 •

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions	1	\$ 0	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1	2		
3. New York State franchise tax deducted on Federal return	3	0	
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions)	4	0	•
5. Taxable income (Total Lines 1, 2, 3 and 4)	5	0	•
6. Tax based on income	6	0	
7. Tax based on capital (enter from Schedule C, Line 29)	7	0	
8. Compensation of officers: (enter from Schedule D, Line 32)	8	0	•
9. Taxable income (Line 5 above)	9	0	
10. Total 8 plus 9	10	0	
11. Less statutory deduction of \$15,000 (see instructions)	11		
12. Balance	12	0	
13. Alternative Base - 30% of Line 12	13	0	
14. Tax based on Alternative Base	14	0	
15. Minimum Tax	15	\$250 00	
16. Tax: Largest of Lines 6, 7, 14 or 15 above	16	250 00	•
17. Prepayments - see back	17	0	•
18. Balance (Line 16 less line 17)	18	250 00	
19. Interest: Compute on Line 18 (see instructions)	19		•
20. Additional Charges: Compute on Line 18	20	250 00	•
21. BALANCE DUE: Total of Lines 18, 19 and 20	21	250 00	•
22. OVERPAYMENT: Line 17 less line 16	22	\$ 0	•
		\$ 0	•

Tax Credits can NOT be claimed on this Form - Use Form CT-3

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return	23	0	•
24. Interest deducted on Federal return	24	0	•
25. Depreciable assets and land	25	0	•
26. Total Receipts (Total income plus cost of goods sold from Federal return)	26	0	•

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions).....	0		0
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			100
30. Issued Capital Stock .....			
31. Paid in Capital, Surplus and Reserves.....	100	100	100

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par	Shares, \$	; No Par	Shares, \$
-----	------------	----------	------------

**SCHEDULE D - OFFICERS** (appointed or elected) **AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A Gaetano 1924 Redfield St Utica NY 13501	086-14-0985	Pres	\$ 0
Brian A. Gaetano 1506 Whitaker St Ut 13502	069-42-1575	Exec Vice Pres	0
S.J. Boyce Barneveld NY	090-36-4304	Sec-Treas	0
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A →			0

**COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 17, SCHEDULE A**

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
A. Mandatory First Installment .....			
B. CT-400 Installments .....	(1)		
	(2)		
	(3)		
C. Payment with Extension - CT-5.....			
D. Credit from Prior Years.....			
E. TOTAL of A,B,C & D Amount Shown at Line 17 .....		\$	

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

_____ Date	_____ Signature of officer	_____ Official title
_____ Date	_____ Signature of individual or firm preparing this report	_____ Preparer's address

Form CT-3 MUST be used to claim Tax Credits

Mail this report to: Processing Unit  
P. O. Box 1909  
Albany, New York 12201

CT-4

STATE OF NEW YORK

1979

Article 9A  
Tax Law

## Corporation Franchise Tax Report

For the Calendar Year 1979 or

Taxable Period Begun \_\_\_\_\_ 1979, Ended \_\_\_\_\_ 19

A SUBCHAPTER S CORPORATION MUST ATTACH A COPY OF ITS FEDERAL FORM 1120S, PAGES 1 THRU 4.

(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER	OFFICIAL USE ONLY  DATE RECEIVED
	NAME		
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:  <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER MAKE CORRECTION ON LABEL.	NUMBER AND STREET		
	CITY OR TOWN, STATE AND ZIP CODE		
PRINCIPAL BUSINESS ACTIVITY	TELEPHONE NUMBER	BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)	
STATE OR COUNTRY OF INCORPORATION	DATE	DATE BEGAN BUSINESS IN NEW YORK STATE	

FEDERAL RETURN WAS FILED ON:

☐ 1120 ☐ 1120-S ☐ Consolidated Basis ☐ Other

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?

☐ YES ☐ NO If yes, Federal changes must be reported on Form CT-3360 within 90 days of the final Federal determination.

TOTAL ASSETS (LINE 27 COL. b)

\$

IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.

Remit amount shown at line 21, Schedule A. Make check payable to: New York State Corporation Tax →

REMITTANCE

\$

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions	1	\$	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1	2		•
3. New York State franchise tax deducted on Federal return	3		•
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions)	4		•
5. Taxable income (Total Lines 1, 2, 3 and 4)	5		•
6. Tax based on income	line 5 × 10%	6	
7. Tax based on capital (enter from Schedule C, Line 29)	× .00178 •	7	
8. Compensation of officers: (enter from Schedule D, Line 32)	8		•
9. Taxable income (Line 5 above)	9		•
10. Total 8 plus 9	10		•
11. Less statutory deduction of \$15,000 (see instructions)	11		•
12. Balance	12		•
13. Alternative Base - 30% of Line 12	13		•
14. Tax based on Alternative Base	line 13 × 10%	14	
15. Minimum Tax		15	\$250.00
Tax Credits can NOT be claimed on this Form - Use Form CT-3			
16. Tax: Largest of Lines 6, 7, 14 or 15 above	16		•
17. Prepayments - see back	17		•
18. Balance (Line 16 less line 17)	18		•
19. Interest: Compute on Line 18 (see instructions)	19		•
20. Additional Charges: Compute on Line 18	20		•
21. BALANCE DUE: Total of Lines 18, 19 and 20	PAY →	21	•
22. OVERPAYMENT: Line 17 less line 16	CREDIT to next period →	22	\$
	REFUND →		\$

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return	23		•
24. Interest deducted on Federal return	24		•
25. Depreciable assets and land	25		•
26. Total Receipts (Total income plus cost of goods sold from Federal return)	26		•

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$	\$	\$
28. Current Liabilities (see instructions).....			
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			
30. Issued Capital Stock .....			
31. Paid in Capital, Surplus and Reserves.....			

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par	Shares, \$	; No Par	Shares, \$
-----	------------	----------	------------

**SCHEDULE D - OFFICERS** (appointed or elected) **AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
			\$
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A →			

**COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 17, SCHEDULE A**

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
A. Mandatory First Installment .....			
B. CT-400 Installments .....	(1)		
	(2)		
	(3)		
C. Payment with Extension - CT-5.....			
D. Credit from Prior Years.....			
E. TOTAL of A,B,C & D			
Amount Shown at Line 17 .....	\$		

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

_____ Date	_____ Signature of officer	_____ Official title
_____ Date	_____ Signature of individual or firm preparing this report	_____ Preparer's address



Form CT-3 MUST be used to claim Tax Credits

Mail this report to: Processing Unit  
P. O. Box 1909  
Albany, New York 12201

# U.S. Corporation Income Tax Return

For calendar year 1979 or other taxable year beginning

**1979**

1979, ending 19

Check if a—  
A Consolidated return ☐  
B Personal Holding Co. ☐  
C Business Code No. (See Page 8 of instructions)

Use IRS label. Otherwise please print or type.

Name Schuyler Management Co Inc  
Number and street 1506 Whitesboro St  
City or town, State, and ZIP code Utica NY 13502

D Employer identification number (see instruction W)

E Date incorporated 10-19-72

F Enter total assets (see instruction X)  
\$ 100.00

Gross Income	1 (a) Gross receipts or sales \$..... (b) Less returns and allowances \$..... Balance ▶	1(c)	<u>NONE</u>
	2 Less: Cost of goods sold (Schedule A) and/or operations (attach schedule) . . . . .	2	
	3 Gross profit . . . . .	3	
	4 Dividends (Schedule C) . . . . .	4	
	5 Interest on obligations of the United States and U.S. instrumentalities . . . . .	5	
	6 Other interest . . . . .	6	
	7 Gross rents . . . . .	7	
	8 Gross royalties . . . . .	8	
	9 (a) Capital gain net income (attach separate Schedule D) . . . . .	9(a)	
	(b) Net gain or (loss) from Form 4797, line 11, Part II (attach Form 4797) . . . . .	9(b)	
	10 Other income (see instructions—attach schedule) . . . . .	10	
11 TOTAL income—Add lines 3 through 10 . . . . .	11	<u>NONE</u>	
Deductions	12 Compensation of officers (Schedule E) . . . . .	12	<u>NONE</u>
	13 (a) Salaries and wages ..... 13(b) Less WIN and jobs credit(s) ..... Balance ▶	13(c)	
	14 Repairs (see instructions) . . . . .	14	
	15 Bad debts (Schedule F if reserve method is used) . . . . .	15	
	16 Rents . . . . .	16	
	17 Taxes . . . . .	17	
	18 Interest . . . . .	18	
	19 Contributions (not over 5% of line 30 adjusted per instructions—attach schedule) . . . . .	19	
	20 Amortization (attach schedule) . . . . .	20	
	21 Depreciation from Form 4562 (attach Form 4562) ....., less depreciation claimed in Schedule A and elsewhere on return ....., Balance ▶	21	
	22 Depletion . . . . .	22	
	23 Advertising . . . . .	23	
	24 Pension, profit-sharing, etc. plans (see instructions) (enter number of plans ▶ .....) . . . . .	24	
	25 Employee benefit programs (see instructions) . . . . .	25	
	26 Other deductions (attach schedule) . . . . .	26	
	27 TOTAL deductions—Add lines 12 through 26 . . . . .	27	<u>NONE</u>
	28 Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11) . . . . .	28	
	29 Less: (a) Net operating loss deduction (see instructions—attach schedule) . . . . . 29(a)	29	
	(b) Special deductions (Schedule I) . . . . . 29(b)	29	
30 Taxable income (subtract line 29 from line 28) . . . . .	30	<u>NONE</u>	
Tax	31 TOTAL TAX (Schedule J) . . . . .	31	<u>NONE</u>
	32 Credits: (a) Overpayment from 1978 allowed as a credit . . . . .		
	(b) 1979 estimated tax payments . . . . .		
	(c) Less refund of 1979 estimated tax applied for on Form 4466 . . . . . ( )		
	(d) Tax deposited: Form 7004..... Form 7005 (attach)..... Total ▶		
	(e) Credit from regulated investment companies (attach Form 2439) . . . . .		
	(f) Federal tax on special fuels and oils (attach Form 4136 or 4136-T) . . . . .	32	
33 TAX DUE (subtract line 32 from line 31). See instruction G for depository method of payment . . . . .	33	<u>NONE</u>	
(Check <input type="checkbox"/> if Form 2220 is attached. See page 3 of instructions.) ▶ \$.....			
34 OVERPAYMENT (subtract line 31 from line 32) . . . . .	34	<u>NONE</u>	
35 Enter amount of line 34 you want: Credited to 1980 estimated tax ▶ Refunded ▶	35	<u>NONE</u>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date <u>2-19-80</u>	Title <u>PRES.</u>
	Preparer's signature and date		Preparer's social security no.
	Firm's name (or yours, if self-employed) and address		E.I. No.
			ZIP code

<b>1</b>	(a) 85% of Schedule C, line 1 . . . . .	
	(b) 59.13% of Schedule C, line 2 . . . . .	
	(c) 85% of Schedule C, line 3 . . . . .	
	(d) 100% of Schedule C, line 4 . . . . .	
<b>2</b>	Total—See instructions for limitation . . . . .	
<b>3</b>	100% of Schedule C, line 8 . . . . .	
<b>4</b>	Deduction for dividends paid on certain preferred stock of public utilities (see instructions) . . . . .	
<b>5</b>	Deduction for Western Hemisphere trade corporations (see instructions) . . . . .	
<b>6</b>	Total special deductions—Add lines 2 through 5. Enter here and on line 29(b), page 1 . . . . .	

**Schedule J Tax Computation**

- 1 Taxable income (line 30, page 1) . . . . .
- 2 (a) Are you a member of a controlled group? . . . . . ☐ Yes ☐ No
- (b) If "Yes," see instructions and enter your portion of the \$25,000 amount in each taxable income bracket:
- (i) \$ . . . . . (ii) \$ . . . . . (iii) \$ . . . . . (iv) \$ . . . . .
- 3 Income tax (see instructions to figure the tax; enter this tax or alternative tax from Schedule D, whichever is less). Check if from Schedule D ☐ . . . . .
- 4 (a) Foreign tax credit (attach Form 1118) . . . . .
- (b) Investment credit (attach Form 3468) . . . . .
- (c) Work incentive (WIN) credit (attach Form 4874) . . . . .
- (d) Jobs credit (attach Form 5884) . . . . .
- 5 Total of lines 4(a), (b), (c), and (d) . . . . .
- 6 Subtract line 5 from line 3 . . . . .
- 7 Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .
- 8 Tax from recomputing prior-year investment credit (attach Form 4255) . . . . .
- 9 Tax from recomputing prior-year WIN credit (attach computation) . . . . .
- 10 Minimum tax on tax preference items (see instructions—attach Form 4626) . . . . .
- 11 Total tax—Add lines 6 through 10. Enter here and on line 31, page 1 . . . . .

None

None

**Schedule K Record of Federal Tax Deposit Forms 503**  
(List deposits in order of date made—See instruction G)

Date of deposit

Amount

Date of deposit	Amount	Date of deposit	Amount

**G (1)** Did you claim a deduction for expenses connected with:

- (a) Entertainment facility (boat, resort, ranch, etc.)? . . . . .
- (b) Living accommodations (except employees on business)? . . . . .
- (c) Employees attending conventions or meetings outside the U.S. or its possessions? . . . . .
- (d) Employee's families at conventions or meetings? . . . . .
- If "Yes," were any of these conventions or meetings outside the United States or its possessions? . . . . .
- (e) Employee or family vacations not reported on Form W-2? . . . . .

Yes No

X

X

X

X

X

X

X

X

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X

X

**H (1)** Did you at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)

If "Yes," attach a schedule showing: (a) name, address, and identifying number; (b) percentage owned; (c) taxable income or (loss) (e.g., if a Form 1120: from Form 1120, line 28, page 1) of such corporation for the taxable year ending with or within your taxable year; (d) highest amount owed by you to such corporation during the year; and (e) highest amount owed to you by such corporation during the year.

**(2)** Did any individual, partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of your voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (e).

- (a) Attach a schedule showing name, address, and identifying number; (b) Enter percentage owned ☐ . . . . .
- (c) Was the owner of such voting stock a person other than a U.S. person? (See instruction S.) . . . . .
- If "Yes," enter owner's country ☐ . . . . .

(d) Enter highest amount owed by you to such owner during the year ☐ . . . . .

(e) Enter highest amount owed to you by such owner during the year ☐ . . . . .

(Note: For purposes of H(1) and H(2), "highest amount owed" includes loans and accounts receivable/payable.)

- I Did you ever declare a stock dividend? . . . . .
- J Taxable income or (loss) from Form 1120, line 28, page 1, for your taxable year beginning in:

1976 ☐ , 1977 ☐ , 1978 ☐ . . . . .

**K** If you were a member of a controlled group subject to the provisions of section 1561, check the type of relationship:

- (1) ☐ parent-subsidiary (2) ☐ brother-sister
- (3) ☐ combination of (1) and (2) (See section 1563.)

**L** Refer to page 8 of instructions and state the principal:

Business activity . . . . .

Product or service . . . . .

**M** Did you file all required Forms 1087, 1096 and 1099?**N** Were you a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) If "Yes," attach Form 3646 for each such corporation.**O** At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country (see instruction V)?**P** Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it?

If "Yes" you may have to file Forms 3520, 3520-A or 926.

**Q** During this taxable year, did you pay dividends (other than stock dividends and distributions in exchange for stock) in excess of your current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file Form 5452. If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.

**R** During this tax year was any part of your tax accounting records maintained on a computerized system?**S (1)** Did you elect to claim amortization (under section 191) or depreciation (under section 167(o)) for a rehabilitated certified historic structure (see instructions for line 20)?

(2) Amortizable basis (see instructions for line 20):

Yes No

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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X



**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
<b>ASSETS</b>				
1 Cash . . . . .		100.00		100.00
2 Trade notes and accounts receivable . . . . .				
(a) Less allowance for bad debts . . . . .				
3 Inventories . . . . .				
4 Gov't obligations: (a) U.S. and instrumentalities . . . . .				
(b) State, subdivisions thereof, etc. . . . .				
5 Other current assets (attach schedule) . . . . .				
6 Loans to stockholders . . . . .				
7 Mortgage and real estate loans . . . . .				
8 Other investments (attach schedule) . . . . .				
9 Buildings and other fixed depreciable assets . . . . .				
(a) Less accumulated depreciation . . . . .				
10 Depletable assets . . . . .				
(a) Less accumulated depletion . . . . .				
11 Land (net of any amortization) . . . . .				
12 Intangible assets (amortizable only) . . . . .				
(a) Less accumulated amortization . . . . .				
13 Other assets (attach schedule) . . . . .				
14 Total assets . . . . .		100.00		100.00
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>				
15 Accounts payable . . . . .				
16 Mtges., notes, bonds payable in less than 1 yr. . . . .				
17 Other current liabilities (attach schedule) . . . . .				
18 Loans from stockholders . . . . .				
19 Mtges., notes, bonds payable in 1 yr. or more . . . . .				
20 Other liabilities (attach schedule) . . . . .				
21 Capital stock: (a) Preferred stock . . . . .				
(b) Common stock . . . . .	100.00	100.00		100.00
22 Paid-in or capital surplus . . . . .				
23 Retained earnings—Appropriated (attach sch.) . . . . .				
24 Retained earnings—Unappropriated . . . . .				
25 Less cost of treasury stock . . . . .		( )		( )
26 Total liabilities and stockholders' equity . . . . .		100.00		100.00

**Schedule M-1 Reconciliation of Income Per Books With Income Per Return**

1 Net income per books . . . . .	0	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax . . . . .		(a) Tax-exempt interest \$ . . . . .	
3 Excess of capital losses over capital gains . . . . .			
4 Income subject to tax not recorded on books this year (itemize) . . . . .			
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this tax return not charged against book income this year (itemize)	
(a) Depreciation . . . . . \$ . . . . .		(a) Depreciation . . . . . \$ . . . . .	
(b) Depletion . . . . . \$ . . . . .		(b) Depletion . . . . . \$ . . . . .	
6 Total of lines 1 through 5 . . . . .	0	9 Total of lines 7 and 8 . . . . .	
		10 Income (line 28, page 1)—line 6 less 9 . . . . .	0

**Schedule M-2 Analysis of Unappropriated Retained Earnings Per Books (line 24 above)**

1 Balance at beginning of year . . . . .	0	5 Distributions: (a) Cash . . . . .	
2 Net income per books . . . . .		(b) Stock . . . . .	
3 Other increases (itemize) . . . . .		(c) Property . . . . .	
		6 Other decreases (itemize) . . . . .	
4 Total of lines 1, 2, and 3 . . . . .	0	7 Total of lines 5 and 6 . . . . .	
		8 Balance at end of year (line 4 less 7) . . . . .	0

CT-4

Article 9A  
Tax Law

STATE OF NEW YORK

## Corporation Franchise Tax Report

1976

For the Calendar Year 1976 or

Taxable Period Begun 1-1 1976, Ended 12-31 19 76  
(Please type or print)

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227 within 2½ months after close of report year.  CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:  <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER MAKE CORRECTION ON LABEL.	EMPLOYER IDENTIFICATION NUMBER <b>CT 1197649</b>	FILE NUMBER <b>BB44</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Equipment Company, Inc.</b>		
	NUMBER AND STREET <b>1506 Whitesboro St.</b>		
	CITY OR TOWN, STATE AND ZIP CODE <b>Utica, NY 13502</b>		

PRINCIPAL BUSINESS ACTIVITY

Holding Company

BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)

STATE OR COUNTRY OF INCORPORATION <b>New York</b>	DATE <b>10-19</b> 19 <b>72</b>	DATE BEGAN BUSINESS IN NEW YORK STATE <b>10-19</b> 19 <b>72</b>
--	-----------------------------------	--

IF THIS IS THE CORPORATION'S CESSATION RETURN, INDICATE WHETHER

☐ Dissolved☐ Withdrawn☐ Merged or Reorganized on \_\_\_\_\_ 19 \_\_\_\_\_

FEDERAL RETURN WAS FILED ON:

☒ 1120☐ 1120-S☐ Consolidated Basis☐ Other \_\_\_\_\_

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?

IF "YES", SUBMIT COMPLETED FORM CT-3360

☐ Yes☒ No**IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.**Remit amount shown at line 19, Schedule A. Make check payable to Corporation Tax Bureau → \$ **250**

REMITTANCE

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions	1	\$ -0-	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1	2	-	
3. New York State franchise tax deducted on Federal return	3	-	
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions)	4	-	•
5. Taxable income (Total Lines 1, 2, 3 and 4) \$ _____ x 10% •	5	-0-	
6. Total capital (enter from Schedule C, line 27) -0- x .00178 •	6	-	
7. Compensation of officers: (enter from Schedule D, line 30)	7	-0-	•
8. Taxable income (line 5 above)	8	-0-	
9. Total 7 plus 8	9	-0-	
10. Less statutory deduction of \$15,000 (see instructions)	10	-	
11. Balance	11	-0-	
12. 30% of above balance _____ x 10%	12	-0-	
13. Minimum	13	\$ 250.00	
14. Tax: Largest of lines 5, 6, 12 or 13 above	14	250	•
15. Prepayments (see instructions)	15	0	•
16. Balance (line 14 less line 15)	16	250	
17. Interest: Compute on line 16 (see instructions)	17		•
18. Additional Charges: Compute on line 16	18		•
19. BALANCE DUE: Total of lines 16, 17 and 18	19	250	•
20. OVERPAYMENT: Line 15 less line 14	20	\$	•
		CREDIT to next period	
		REFUND	

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

21. Compensation of officers deducted on Federal return	21	532870	•
22. Interest deducted on Federal return	22	-	•
23. Depreciable assets and land	23	-	•
24. Total Receipts (Total income plus cost of goods sold from Federal return)	24	-	

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
25. Total Assets .....	\$ 100	\$ 100	\$ 100
26. Current Liabilities (see instructions).....	0	0	0
27. Total Capital (Line 25 less line 26) - Enter at line 6, Schedule A →			100
28. Issued Capital Stock .....	100	100	100
29. Paid in Capital, Surplus and Reserves.....			

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

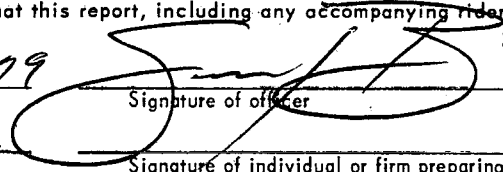
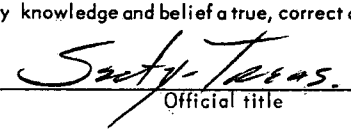
Par Shares, \$ ; No Par Shares, \$

**SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres.	-0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
30. Total (including any amount on rider.) - Enter at Line 7, Schedule A →			-0-

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

5-8-79 Date	 Signature of officer	 Official title
Date	Signature of individual or firm preparing this report	Preparer's address

► File this report with: Corporation Tax Bureau  
State Campus  
Albany, New York 12227

► Have you signed this report?

► Make your check payable to the Corporation Tax Bureau.

► Does the amount of your check agree with the Balance Due (Schedule A, Line 19)?

► Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

CT-4

STATE OF NEW YORK

1977

## Corporation Franchise Tax Report

Article 9A  
Tax Law

For the Calendar Year 1977 or

Taxable Period Begun 1-1-8 1977, Ended 12-31-77  
(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER <b>CT 1197649</b>	FILE NUMBER <b>BB 44</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Equipment Company, Inc.</b>		
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER	NUMBER AND STREET <b>1506 Whitesboro St.</b>		
	CITY OR TOWN, STATE AND ZIP CODE <b>Utica, New York 13502</b>		
MAKE CORRECTION ON LABEL.			
PRINCIPAL BUSINESS ACTIVITY <b>Holding Company</b>	BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN)		
STATE OR COUNTRY OF INCORPORATION <b>New York</b>	DATE <b>10-19 19 72</b>	DATE BEGAN BUSINESS IN NEW YORK STATE <b>10-19 19 72</b>	
IF THIS IS THE CORPORATION'S CESSATION RETURN, INDICATE WHETHER <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged or Reorganized on _____ 19____			
FEDERAL RETURN WAS FILED ON: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-S <input type="checkbox"/> Consolidated Basis <input type="checkbox"/> Other			
HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED? IF "YES," SUBMIT COMPLETED FORM CT-3360 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			TOTAL ASSETS (LINE 27 COL. b) \$
IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED *MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.			
Remit amount shown at line 21, Schedule A. Make check payable to Corporation Tax Bureau →			REMITTANCE \$

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions .....	1	\$ -0-	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1 .....	2	-	•
3. New York State franchise tax deducted on Federal return .....	3	-	•
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions) .....	4	-	•
5. Taxable income (Total Lines 1, 2, 3 and 4) .....	5	-0-	•
6. Tax based on income .....	line 5 × 10%	6	-0-
7. Tax based on capital (enter from Schedule C, Line 29) .....	-0- × .00178 •	7	-
8. Compensation of officers: (enter from Schedule D, Line 32) .....	8	-0-	•
9. Taxable income (Line 5 above) .....	9	-0-	•
10. Total 8 plus 9 .....	10	-0-	•
11. Less statutory deduction of \$15,000 (see instructions) .....	11	-	•
12. Balance .....	12	-0-	•
13. Alternative Base - 30% of Line 12 .....	13	-0-	•
14. Tax based on Alternative Base .....	line 13 × 10%	14	-0-
15. Minimum Tax .....	15	\$250.00	•
16. Tax: Largest of Lines 6, 7, 14 or 15 above .....	16	250	•
17. Prepayments (see instructions) .....	17	-0-	•
18. Balance (Line 16 less line 17) .....	18	250	•
19. Interest: Compute on Line 18 (see instructions) .....	19		•
20. Additional Charges: Compute on Line 18 .....	20		•
21. BALANCE DUE: Total of Lines 18, 19 and 20 .....	PAY → 21	250	•
22. OVERPAYMENT: Line 17 less line 16 .....	CREDIT to next period →	22	\$
	REFUND →		\$

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return .....	23	-	•
24. Interest deducted on Federal return .....	24	-	•
25. Depreciable assets and land .....	25	-	•
26. Total Receipts (Total income plus cost of goods sold from Federal return) .....	26	-	•

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions).....	0	0	0
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			100
30. Issued Capital Stock .....	100	100	100
31. Paid in Capital, Surplus and Reserves.....			

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par Shares, \$ ; No Par Shares, \$

**SCHEDULE D - OFFICERS** (appointed or elected) **AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres.	-0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A →			-0-

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

5-8-79  
Date

Signature of officer

Secty-Treas.  
Official title

Date

Signature of individual or firm preparing this report

Preparer's address

Mail this report to: Processing Unit  
P.O. Box 1909  
Albany, New York 12201

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 21)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

CORPORATION TAX BUREAU  
MERGER/CONSOLIDATION NOTIFICATION

☐ MERGER  
☐ CONSOLIDATION  
☒ NAME CHANGE

## NEW NAME OR NAME OF SURVIVOR CORPORATION

EIN	FCC	INC. DATE
CT1197649	BB44	10-19-72

SCHUYLER MANAGEMENT COMPANY, INC.  
KERNAN ETAL  
185 GENESEE ST  
UTICA NY

13501

Any delinquencies or liabilities outstanding prior to a name change, merger or consolidation remain liable to the new corporate name or surviving corporation.

Our records indicate that this corporation owes franchise tax reports and/or taxes as indicated.

The necessary forms are enclosed. In order to avoid additional late charges the reports and/or remittances should be submitted immediately in the envelope provided.

## FORMER NAME OR NAME OF NON-SURVIVING CORPORATION

EIN	FCC	INC. DATE
CT1197649	BB44	10-19-72

SCHUYLER EQUIPMENT COMPANY, INC.  
KERNAN ETAL  
185 GENESEE ST  
UTICA NY

13501

OWES REPORTS FOR PERIODS  
DEC 77 DEC 76

OWES TAXES FOR PERIODS

OWES LICENSE FEE

☐

OWES CT-3360 REPORTS FOR PERIODS

(MUL = More than one report and/or tax owed)

KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
JOHN E. HUNT  
LEIGHTON R. BURNS  
LAWRENCE J. GOLDBAS  
JAMES W. MORGAN  
GREGORY A. HAMLIN  
ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

July 17, 1979

Mr. Spencer Boyce  
Gaetano Construction Company  
1506 Whitesboro Street  
Utica, New York 13502


Re: Schuyler Management Company, Inc.

Dear Spence:

I received the enclosed notice today. As you know Schuyler Equipment Company, Inc. changed its name to Schuyler Management Company, Inc.

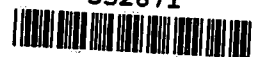
I am assuming that no franchise tax return was filed for the original company for 1978 and since the name was changed in January 1979, the notice would apply to the new company. I trust you will take care of this.

Sincerely,

  
Lawrence J. Goldbas

LJG/ejs  
Encl.

532871



## NOTICE OF FAILURE TO FILE CORPORATION TAX FORM

According to our records, you have not filed a franchise tax report for the period indicated. All New York State corporations are liable for franchise tax even though inactive; all foreign corporations which have activity in New York State are liable for franchise tax. Failure to file reports and pay any tax due subjects a corporation to dissolution or revocation of its authorization to do business as a corporation in New York State.

If you have filed the required report, or if the corporation is defunct, please complete the back of this form and return it to the Corporation Tax Bureau.

EMPLOYER ID NO.	FILE NO.	FORM TO BE FILED	PERIOD ENDED	TAX ART.	TAX SECTION
CT-1197649	BB44	CT-4*	12-31-78	9A	

<input type="checkbox"/>	APPLICABLE ONLY IF BOX IS CHECKED EVEN THOUGH YOU HAVE FILED AN EXTENSION, YOU MUST STILL FILE A COMPLETED REPORT
--------------------------	--

**\*SEE BACK OF THIS FORM IF FORM  
TO BE FILED IS:**

CT-240, Report of License Fee on  
Foreign Corporation

CT-245, Maintenance fee and Activities Report

CT-3360, Report of change of Taxable  
Income by U.S. Treasury Dept.

**TO AVOID CONTINUED ACCRUAL OF INTEREST,**  
file the indicated report without delay.  
Note instructions on report forms for  
computing interest and additional charge.

SCHUYLER MANAGEMENT COMPANY, INC.  
KERNAN ETAL  
185 GENESEE ST  
UTICA NY  
13501



IF YOU HAVE FILED THE REQUESTED FORM, complete below:

DATE FORM WAS FILED

AMOUNT OF REMITTANCE

\$

PERIOD ENDED

SERIAL NO. STAMPED ON  
CANCELLED CHECK

EMPLOYER ID NO. USED ON FORM IF DIFFERENT FROM NUMBER SHOWN ON FRONT OF  
THIS FORM

IF THE CORPORATION IS DEFUNCT, complete below:

I CERTIFY THAT THE CORPORATION IS DEFUNCT.

SIGNATURE

TITLE

DATE

CT-240, REPORT OF LICENSE FEE ON FOREIGN CORPORATIONS - Every corporation organized under the laws of a State other than New York subject to franchise tax under Article 9 or 9A of the Tax Law, is also required to file Form CT-240, and pay a license fee with their first franchise tax report. This fee is in addition to the annual franchise tax, and is payable only once, unless there is a change in the capital structure or the capital stock employed in New York State. (Section 181, Article 9, Tax Law)

CT-245, MAINTENANCE FEE AND ACTIVITIES REPORT OF FOREIGN CORPORATIONS - Foreign corporations which do not file a franchise tax report must file Form CT-245 annually; when authorized to do business in New York, they must also pay the \$200.00 maintenance fee. (Section 181.2, Article 9, Tax Law)

CT-3360, REPORT OF CHANGE IN TAXABLE INCOME BY U.S. TREASURY DEPARTMENT - All Internal Revenue Service adjustments which affect income must be reported to the Tax Commission within 90 days after the final determination, using Form CT-3360. If the adjustment results in a credit or refund, the report must be filed no later than two years after final determination with a copy of the Federal form evidencing receipt of refund.

CORPORATION TAX BUREAU  
MERGER/CONSOLIDATION NOTIFICATION

- ☐ MERGER
- ☐ CONSOLIDATION
- ☒ NAME CHANGE

## NEW NAME OR NAME OF SURVIVOR CORPORATION

EIN	FCC	INC. DATE
CT1197649	BB44	10-19-72

SCHUYLER MANAGEMENT COMPANY, INC.  
KERNAN ETAL  
185 GENESEE ST  
UTICA NY

13501

Any delinquencies or liabilities outstanding prior to a name change, merger or consolidation remain liable to the new corporate name or surviving corporation.

Our records indicate that this corporation owes franchise tax reports and/or taxes as indicated.

The necessary forms are enclosed. In order to avoid additional late charges the reports and/or remittances should be submitted immediately in the envelope provided.

## FORMER NAME OR NAME OF NON-SURVIVING CORPORATION

EIN	FCC	INC. DATE
CT1197649	BB44	10-19-72

SCHUYLER EQUIPMENT COMPANY, INC.  
KERNAN ETAL  
185 GENESEE ST  
UTICA NY

13501

OWES REPORTS FOR PERIODS  
DEC 77 DEC 76

OWES TAXES FOR PERIODS

OWES LICENSE FEE

☐

OWES CT-3360 REPORTS FOR PERIODS

(MUL = More than one report and/or tax owed)

# Corporation Franchise Tax Report

1976

For the Calendar Year 1976 or

Taxable Period Begun 1-1 1976, Ended 12-31 19 76  
(Please type or print)

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227 within 2½ months after close of report year.  CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:  <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER MAKE CORRECTION ON LABEL.	EMPLOYER IDENTIFICATION NUMBER <b>CT 1197649</b>	FILE NUMBER <b>BB44</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Equipment Company, Inc.</b>		
	NUMBER AND STREET <b>1506 Whitesboro St.</b>		
	CITY OR TOWN, STATE AND ZIP CODE <b>Utica, NY 13502</b>		

PRINCIPAL BUSINESS ACTIVITY: **Holding Company** BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN):

STATE OR COUNTRY OF INCORPORATION: **New York** DATE: **10-19** 19 **72** DATE BEGAN BUSINESS IN NEW YORK STATE: **10-19** 19 **72**

IF THIS IS THE CORPORATION'S CESSATION RETURN, INDICATE WHETHER  
☐ Dissolved    ☐ Withdrawn    ☐ Merged or Reorganized on \_\_\_\_\_ 19 \_\_\_\_

FEDERAL RETURN WAS FILED ON:  
☒ 1120    ☐ 1120-S    ☐ Consolidated Basis    ☐ Other \_\_\_\_\_

HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED?  
 IF "YES", SUBMIT COMPLETED FORM CT-3360 ☐ Yes    ☒ No

**IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.**

Remit amount shown at line 19, Schedule A. Make check payable to Corporation Tax Bureau → \$ REMITTANCE

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions	1	\$	-0-	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1	2		-	
3. New York State franchise tax deducted on Federal return	3		-	
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions)	4		-	•
5. Taxable income (Total Lines 1, 2, 3 and 4) \$ _____ x 10% •	5		-0-	
6. Total capital (enter from Schedule C, line 27) -0- x .00178 •	6		-	
7. Compensation of officers: (enter from Schedule D, line 30)	7		-0-	•
8. Taxable income (line 5 above)	8		-0-	
9. Total 7 plus 8	9		-0-	
10. Less statutory deduction of \$15,000 (see instructions)	10		-	
11. Balance	11		-0-	
12. 30% of above balance _____ x 10%	12		-0-	
13. Minimum	13		\$ 250.00	
14. Tax: Largest of lines 5, 6, 12 or 13 above	14		250	•
15. Prepayments (see instructions)	15		0	•
16. Balance (line 14 less line 15)	16		250	
17. Interest: Compute on line 16 (see instructions)	17			•
18. Additional Charges: Compute on line 16	18			•
19. BALANCE DUE: Total of lines 16, 17 and 18 PAY →	19		250	•
20. OVERPAYMENT: Line 15 less line 14 { CREDIT to next period →	20	\$		•
{ REFUND →	20	\$		•

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

1. Compensation of officers deducted on Federal return	21		-	•
2. Interest deducted on Federal return	22		-	•
3. Depreciable assets and land	23		-	•
4. Total Receipts (Total income plus cost of goods sold from Federal return)	24		-	

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
25. Total Assets .....	\$ 100	\$ 100	\$ 100
26. Current Liabilities (see instructions).....	0	0	0
27. Total Capital (Line 25 less line 26) - Enter at line 6, Schedule A .....			100
28. Issued Capital Stock .....	100	100	100
29. Paid in Capital, Surplus and Reserves.....			

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par Shares, \$ ; No Par Shares, \$

**SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres.	-0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
30. Total (including any amount on rider.) - Enter at Line 7, Schedule A .....			-0-

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

5-8-79  
Date  
Signature of officer  
Signature of individual or firm preparing this report

Secty-Treas.  
Official title  
Preparer's address

File this report with: Corporation Tax Bureau  
State Campus  
Albany, New York 12227

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 19)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

CT-4

Article 9A  
Tax Law

STATE OF NEW YORK

## Corporation Franchise Tax Report

1977

For the Calendar Year 1977 or  
Taxable Period Begun 1-1-8 1977, Ended 12-31-77 1977  
(Please type or print.)

AFFIX PRE-ADDRESSED LABEL HERE →	EMPLOYER IDENTIFICATION NUMBER <b>CT 1197649</b>	FILE NUMBER <b>BB 44</b>	OFFICIAL USE ONLY
	NAME <b>Schuyler Equipment Company, Inc.</b>		
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER	NUMBER AND STREET <b>1506 Whitesboro St.</b>		
	CITY OR TOWN, STATE AND ZIP CODE <b>Utica, New York 13502</b>		
MAKE CORRECTION ON LABEL.			
PRINCIPAL BUSINESS ACTIVITY <b>Holding Company</b>		BUSINESS GROUP CODE NUMBER (PER FEDERAL RETURN) •	
STATE OR COUNTRY OF INCORPORATION <b>New York</b>		DATE <b>10-19 19 72</b>	DATE BEGAN BUSINESS IN NEW YORK STATE <b>10-19 19 72</b>
IF THIS IS THE CORPORATION'S CESSATION RETURN, INDICATE WHETHER <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged or Reorganized on _____ 19____			
FEDERAL RETURN WAS FILED ON: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-S <input type="checkbox"/> Consolidated Basis <input type="checkbox"/> Other			
HAS THE INTERNAL REVENUE SERVICE CORRECTED ANY REPORTED TAXABLE INCOME NOT PREVIOUSLY REPORTED? IF "YES," SUBMIT COMPLETED FORM CT-3360 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			TOTAL ASSETS (LINE 27 COL. b) \$

**IMPORTANT - TO AVOID REJECTION, ALL LINES MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE.**

Remit amount shown at line 21, Schedule A. Make check payable to Corporation Tax Bureau → \$

REMITTANCE

## SCHEDULE A - COMPUTATION OF TAX AND INCOME

1. Federal taxable income before net operating loss deduction and special deductions .....	1	\$ -0-	•
2. Interest on Federal, State, Municipal and other obligations not included in line 1 .....	2	-	•
3. New York State franchise tax deducted on Federal return .....	3	-	•
4. Interest to stockholders \$ _____ less 10% or \$1000 whichever is larger (see instructions) .....	4	-	•
5. Taxable income (Total Lines 1, 2, 3 and 4) .....	5	-0-	•
6. Tax based on income .....	6	-0-	•
7. Tax based on capital (enter from Schedule C, Line 29) .....	7	-	•
8. Compensation of officers: (enter from Schedule D, Line 32) .....			
9. Taxable income (Line 5 above) .....	9	-0-	•
10. Total 8 plus 9 .....	10	-0-	•
11. Less statutory deduction of \$15,000 (see instructions) .....	11	-	•
12. Balance .....	12	-0-	•
13. Alternative Base - 30% of Line 12 .....	13	-0-	•
14. Tax based on Alternative Base .....	14	-0-	•
15. Minimum Tax .....	15	\$250.00	•
16. Tax: Largest of Lines 6, 7, 14 or 15 above .....	16	250	•
17. Prepayments (see instructions) .....	17	-0-	•
18. Balance (Line 16 less line 17) .....	18	250	•
19. Interest: Compute on Line 18 (see instructions) .....	19		•
20. Additional Charges: Compute on Line 18 .....	20		•
21. BALANCE DUE: Total of Lines 18, 19 and 20 .....	21	250	•
22. OVERPAYMENT: Line 17 less line 16 .....	22	\$	•
		\$	•

## SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

23. Compensation of officers deducted on Federal return .....	23	-	•
24. Interest deducted on Federal return .....	24	-	•
25. Depreciable assets and land .....	25	-	•
26. Total Receipts (Total income plus cost of goods sold from Federal return) .....	26	-	•

**SCHEDULE C - COMPUTATION OF CAPITAL** - Enter total assets in columns (a) and (b) from balance sheet of Federal return.

	(a) Beginning of year	(b) End of year	(c) Average Fair Market Value (see instructions)
27. Total Assets .....	\$ 100	\$ 100	\$ 100
28. Current Liabilities (see instructions) .....	0	0	0
29. Total Capital (Line 27 less line 28) - Enter at line 7, Schedule A →			100
30. Issued Capital Stock .....	100	100	100
31. Paid in Capital, Surplus and Reserves .....			

CORPORATIONS ORGANIZED OUTSIDE NEW YORK STATE SHOULD COMPLETE THE FOLLOWING WITH RESPECT TO CAPITAL STOCK ISSUED AND OUTSTANDING:

Par Shares, \$ ; No Par Shares, \$

**SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS** - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Charles A. Gaetano	086-14-0985	President	\$ -0-
Brian A. Gaetano	069-42-1575	Exec. Vice-Pres.	-0-
Spencer J. Boyce	090-36-4304	Secty-Treas.	-0-
32. Total (including any amount on rider.) - Enter at Line 8, Schedule A →			-0-

**CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

5-8-79 Date Signature of officer  
Secty-Treas. Official title  
Date Signature of individual or firm preparing this report Preparer's address

Mail this report to: Processing Unit  
P.O. Box 1909  
Albany, New York 12201

Have you signed this report?

Make your check payable to the Corporation Tax Bureau.

Does the amount of your check agree with the Balance Due (Schedule A, Line 21)?

Any correspondence addressed to this Bureau MUST contain your Federal Identification Number and File Number.

KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
JOHN E. HUNT  
LEIGHTON R. BURNS  
LAWRENCE J. GOLDBAS  
JAMES W. MORGAN

GREGORY A. HAMLIN  
ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

January 31, 1979

Mr. Spencer J. Boyce  
Charles A. Gaetano Construction Corp.  
1506 Whitesboro Street  
Utica, New York 13502

RE: Schuyler Management Company, Inc.

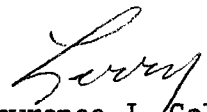
Dear Spence:

Enclosed is a copy of the receipt issued by the Department of State showing the filing of the certificate of amendment for the above on January 24, 1979.

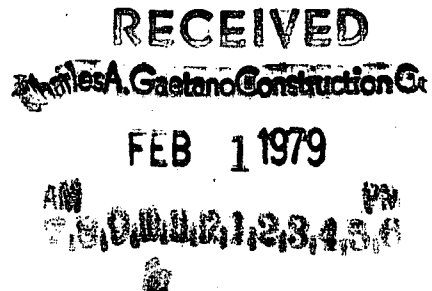
We received the check you sent us for the new seal, etc. and have forwarded it to the New York company.

Sincerely yours,

KERNAN AND KERNAN, P. C.

  
Lawrence J. Goldbas

LJG:d  
Enc.



**NYS DEPARTMENT OF STATE**

**FILING RECEIPT**

**CHANGING NAME & PURPOSES & POWERS (BUS)**

**CORPORATION NAME**

**SCHUYLER MANAGEMENT COMPANY, INC.**

<b><u>DATE FILED</u></b> 01/24/79	<b><u>DURATION &amp; COUNTY CODE</u></b> HERK	<b><u>FILM NUMBER</u></b> A547056-6	<b><u>CASH NUMBER</u></b> 326756
--------------------------------------	--	--	-------------------------------------

<b><u>NUMBER AND KIND OF SHARES</u></b>	<b><u>LOCATION OF PRINCIPAL OFFICE</u></b>
---	--

**COMMENTS:**

D

<b><u>ADDRESS FOR PROCESS</u></b>	<b><u>REGISTERED AGENT</u></b>
-----------------------------------	--------------------------------

**FEES AND/OR TAX PAID AS FOLLOWS:**

AMOUNT OF CHECK \$ 00030.00	AMOUNT OF MONEY ORDER \$	AMOUNT OF CASH \$
-----------------------------	--------------------------	-------------------

\$ 6.00 DOLLAR FEE TO COUNTY	\$ 030.00 FILING
	\$ TAX
	\$ CERTIFIED COPY
	\$ CERTIFICATE

**FILER NAME AND ADDRESS**

KERNAN AND KERNAN  
185 GENESEE ST.  
UTICA NY 13501

**TOTAL PAYMENT \$ 0000030.00**

**REFUND OF \$**

**TO FOLLOW** 



KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
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GREGORY A. HAMLIN  
ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

January 29, 1979

Mr. Spencer J. Boyce  
Charles A. Gaetano Construction Corp.  
1506 Whitesboro Street  
Utica, New York 13502

RE: Schuyler Management Company, Inc.

Dear Spence:

We have just received a call from our Albany representative stating that the certificate of amendment has been filed with the Department of State changing the name of Schuyler Equipment Company, Inc. to the above.

As soon as I forward the check to the legal stationery company in New York, they will send us the new stock certificates, etc.

If you have any questions, give Mr. Goldbas a call.

Sincerely yours,

KERNAN AND KERNAN, P. C.

*Dawn*

Secretary to Mr. Goldbas

/d

RECEIVED

Charles A. Gaetano Construction Co.

JAN 30 1979

7,8,9,10,11,12,13,14,15,16

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF UTICA, UTICA, NEW YORK that at a meeting of the Board of Directors of Schuyler Management Company, Inc.

A CORPORATION organized under the laws of the State of New York duly called (a quorum being present) and held at the office of said corporation at 1423 Genesee St., Utica, N.Y. on the 19th day of January, 19 79

THE FOLLOWING resolutions were duly adopted and are now in full force and effect:

RESOLVED, that the above bank be designated as a depository of this corporation and that funds of this corporation deposited in said Bank be subject to withdrawal upon checks, notes, drafts, bills of exchange, acceptances, undertakings or other orders for the payment of money when signed on behalf of this corporation by any 1 of its following officers to wit: number

<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
<u>Charles A. Gaetano</u>	<u>President</u>		
<u>Brian A. Gaetano</u>	<u>Exec. V.P.</u>		
<u>Spencer J. Boyce</u>	<u>Secty-Treas.</u>		

RESOLVED, that the above bank, is hereby authorized to pay any such orders and also to receive the same for credit of or in payment from the payee or any other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of any signing officer or tendered in payment of his individual obligation.

RESOLVED, that any check herein authorized to be drawn in the name of this corporation may be signed with the facsimile signature or signatures of any of the duly designated signatories of this corporation and the Bank shall be entitled to charge any such check to this corporation's account regardless of by whom or by what means the actual or purported facsimile signature or signatures thereon may have been affixed thereto, if such signature or signatures resemble the facsimile specimens duly certified to or filed with the Bank by the Secretary or any Assistant Secretary of this corporation.

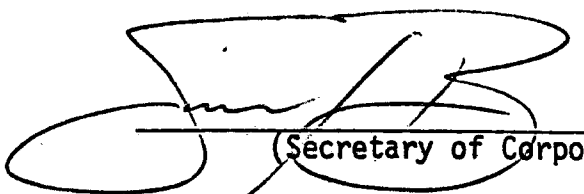
RESOLVED, that the foregoing powers and authority will continue until written notice of revocation has been delivered to the above bank.

RESOLVED, that the secretary of this corporation be and he hereby is authorized to certify to the above bank, the foregoing resolutions and that the provisions thereof are in conformity with the charter and by-laws of this corporation.

I FURTHER CERTIFY that there is no provision in the charter or by-laws of said corporation limiting the power of the board of directors to pass the foregoing resolutions and that the same are in conformity with the provisions of said charter and by-laws.

IN WITNESS WHEREOF, I have hereunto set my hand as secretary of said corporation and affixed the corporate seal this 19th day of January 19 79.

(CORPORATE SEAL)

  
(Secretary of Corporation)

CORPORATE RESOLUTION - DEPOSIT ACCOUNT

I HEREBY CERTIFY TO BANK OF UTICA, UTICA, NEW YORK that at a meeting of the Board of Directors of Schuyler Management Company, Inc.,  
A CORPORATION organized under the laws of the State of New York duly  
called (a quorum being present) and held at the office of said corporation at 1423  
Genesee St., Utica, N.Y. on the 19th day of January, 19 79  
THE FOLLOWING resolutions were duly adopted and are now in full force and effect:

RESOLVED, that the above bank be designated as a depository of this corporation and that funds of this corporation deposited in said Bank be subject to withdrawal upon checks, notes, drafts, bills of exchange, acceptances, undertakings or other orders for the payment of money when signed on behalf of this corporation by any 1 of its following officers to wit: number

<u>NAME</u>	<u>TITLE</u>	<u>NAME</u>	<u>TITLE</u>
<u>Charles A. Gaetano</u>	<u>President</u>	<u></u>	<u></u>
<u>Brian A. Gaetano</u>	<u>Exec. V.P.</u>	<u></u>	<u></u>
<u>Spencer J. Boyce</u>	<u>Secty-Treas.</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

RESOLVED, that the above bank, is hereby authorized to pay any such orders and also to receive the same for credit of or in payment from the payee or any other holder without inquiry as to the circumstances of issue or the disposition of the proceeds even if drawn to the individual order of any signing officer or tendered in payment of his individual obligation.

RESOLVED, that any check herein authorized to be drawn in the name of this corporation may be signed with the facsimile signature or signatures of any of the duly designated signatories of this corporation and the Bank shall be entitled to charge any such check to this corporation's account regardless of by whom or by what means the actual or purported facsimile signature or signatures thereon may have been affixed thereto, if such signature or signatures resemble the facsimile specimens duly certified to or filed with the Bank by the Secretary or any Assistant Secretary of this corporation.

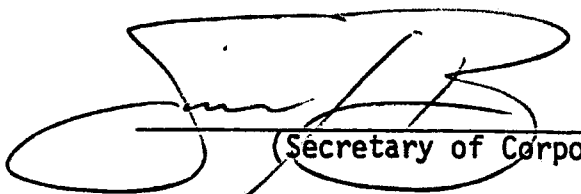
RESOLVED, that the foregoing powers and authority will continue until written notice of revocation has been delivered to the above bank.

RESOLVED, that the secretary of this corporation be and he hereby is authorized to certify to the above bank, the foregoing resolutions and that the provisions thereof are in conformity with the charter and by-laws of this corporation.

I FURTHER CERTIFY that there is no provision in the charter or by-laws of said corporation limiting the power of the board of directors to pass the foregoing resolutions and that the same are in conformity with the provisions of said charter and by-laws.

IN WITNESS WHEREOF, I have hereunto set my hand as secretary of said corporation and affixed the corporate seal this 19th day of January 19 79.

(CORPORATE SEAL)

  
(Secretary of Corporation)

KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
JOHN E. HUNT  
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ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

January 18, 1979

Mr. Spencer J. Boyce  
Charles A. Gaetano Construction Corp.  
1506 Whitesboro Street  
Utica, New York 13502

RE: Schuyler Equipment Company, Inc.  
Change of name, etc.

Dear Spence:

Enclosed is proposed certificate of amendment relative to the above. If it is acceptable, you and Mr. Gaetano should sign in two places (once on page 4 and once on page 5) before a Notary and return it to me.

We will also need a check from you for \$50.00 to cover the filing fee and services of our Albany representative.

This morning, I called to check on the Cornhill incorporation, and they said it had been approved by the Department of State on January 12, but not filed, due to the fact that they are having problems with audits, etc. and have not issued filing receipts for some time. Therefore it may be two or three more days before we get final word.

They are also checking Schuyler Holding Company, Inc. for us as to name availability, and feel there should be no conflict with Schuyler Management if the name is available.

Sincerely yours,

KERNAN AND KERNAN, P. C.

*Dawn*

Secretary to Mr. Goldbas

/d  
Enc.

532872



CERTIFICATE OF AMENDMENT OF THE

CERTIFICATE OF INCORPORATION

OF

SCHUYLER EQUIPMENT COMPANY, INC.

Under Section 801 of the Business Corporation Law

We, Charles A. Gaetano, and Spencer J. Boyce III, being respectively the President and Secretary of Schuyler Equipment Company, hereby certify:

1. The name of the corporation is: SCHUYLER EQUIPMENT COMPANY, INC.
2. The certificate of its incorporation was filed by the Department of State on October 19, 1972.
3. The certificate of incorporation of Schuyler Equipment Company, Inc. is hereby amended to effect a corporate name pursuant to Section 801(b)(1) of the Business Corporation Law, and to effect a change in corporate purposes pursuant to Section 801(b)(2) of the Business Corporation Law.
4. Paragraph 1 of the certificate of incorporation is hereby amended as follows:  
"1. The name of the corporation is: SCHUYLER MANAGEMENT COMPANY, INC."
5. Paragraph 2 of the certificate of incorporation is hereby amended as follows:  
"2. The purposes for which the corporation is formed are:

To act as public relations and research counselors and promotion, merchandising and industrial counselors and business consultants, and in connection therewith to render management, negotiation, research, technical and advisory services to persons, firms, corporations and others in connection with their relations with employees, associates, stockholders, governmental officials and agencies, and the general public and any person or special group.

To serve in an advisory, managerial and consultative capacity to corporations, associations, partnerships, individuals and others, and to establish and maintain bureaus, departments and laboratories for industrial, financial, statistical, inventory and other research work, and to engage generally in the business of providing, promoting and establishing systems, methods and controls for industrial and managerial efficiency and operations.

To investigate systems, methods and controls of manufacturing, plant operations, packing, storing, shipping, marketing, inventories, accounting and other integral operations to any and all types of businesses and to make recommendations, revise, adapt, modernize and establish economies to effect industrial and managerial efficiency and in connection therewith to take over the entire operation and business of any type of industry or other forms of endeavor and to do all such things and to perform all such services as may be necessary to carry out the foregoing purposes.

To devise, develop, create, inaugurate and contract for the establishment, installation and sale and rental of systems, methods and

controls for efficient operation and management of industrial manufacturing, mercantile, commercial or other business concerns, firms, partnerships, associations and corporations and to provide, make available and furnish maintenance and supervision, and to train and instruct individuals in the operation, installation and maintenance of such systems, methods and controls.

So far as authorized by the law under which this certificate is drawn; to examine and inspect the books and accounts of others, to devise and install financial, checking, correspondence, filing and other office and business systems; to take inventories; make appraisals; to compile statistics as an aid to the officers of the corporations and other persons in the making of reports and statements; to do all such things and perform or supply all such services as are commonly done, performed or supplied by business management experts; to warrant the accuracy of the work done or services performed by it, but not to engage in the practice of accounting.

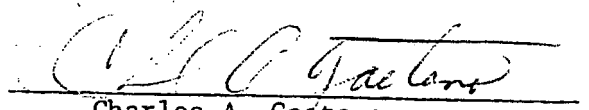
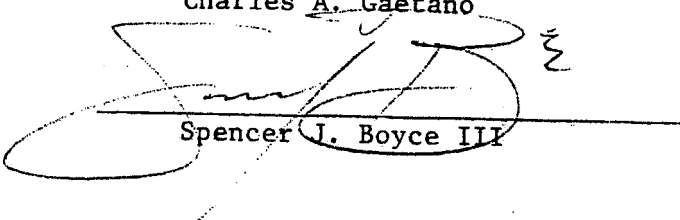
To buy, sell, mortgage, exchange, lease, hold for investment, or otherwise deal in real estate of all kinds, improved or unimproved, and any right or interest therein.

To make all contracts and to do all things proper, incidental, and conducive to the complete attainment of such purposes; to do all of the things that are ordinarily done by those engaged in the same business,

and to have and exercise the powers conferred by the State of New York upon corporations formed under the act hereinbefore referred to, and to do any and all of the things hereinbefore set forth to the same extent as natural persons might or could do."

6. This amendment was authorized by the affirmative vote of the holders of all outstanding shares entitled to vote thereon at a meeting of the shareholders of said corporation duly called and held on the 15th day of December, 1978, a quorum being present.

IN WITNESS WHEREOF, we have executed this Certificate this            day of January, 1979.

  
Charles A. Gaetano  
  
Spencer J. Boyce III

STATE OF NEW YORK    )  
                              )   ss.:  
County of Oneida    )

Charles A. Gaetano and Spencer J. Boyce III, being duly sworn, depose and say and each of them deposes and says: That he, Charles A. Gaetano, is the President, and he, Spencer J. Boyce III, is the Secretary of Schuyler Equipment Company, Inc., the corporation, and the persons who signed the foregoing certificate of amendment and know the contents thereof, and that the same is true to each of his own



CHARLES TOWN  
311 TURNER STREET  
UTICA, NEW YORK 13501

DATE	INVOICE	AMOUNT

50-1138  
213

091

PAY

REGISTERED  
BN197970 50 DOLS 00 CTS

DOLLARS

DATE	TO THE ORDER OF	CHECK NUMBER	OTHER	GROSS AMOUNT ACCTS PAYABLE	DISCOUNT	CHECK AMOUNT
1-19-79	Kernan & Kernan	091	50 00			50 00

BANK OF UTICA  
UTICA, NEW YORK

*Charles E. Gault*

⑆021311383⑆

04⑈6334⑈

## BUSINESS CORPORATION LAW § 201

candles and other things; to manufacture the waste from said hides and tallow into by-products and to sell the same.

### **Holding Company**

To acquire by subscription, purchase or otherwise, to hold for investment or for resale; to sell, pledge, hypothecate and in all ways deal with: stocks, shares, script, bonds, consols, debentures, mortgages, notes, trust receipts, certificates of indebtedness, interim receipts and other obligations and securities of corporations, private, public, quasi-public or municipal, foreign or domestic. To collect the interest and dividends on its holdings and the principal thereof when due. To do all things suitable and proper for the protection, conservation or enhancement of the value of stocks, shares, securities, evidences of indebtedness or other properties held by it, including the exercise of the right to vote thereon. To bid upon and purchase at foreclosure or at other sales, whether public or private, real property and rights or interests therein of all kinds.

This corporation may purchase, acquire, hold and dispose of the stocks, shares, bonds and other evidences of indebtedness of any corporation, domestic or foreign, and issue in exchange therefor its shares, bonds or other obligations.

### **Hose and Accessories**

To manufacture, buy, sell and generally deal in rubber, canvas, metal and other kinds of hose for transmitting fluid, gas or air, and coupling connections, nozzles and all other things used or usable with said hose. To acquire all real property and equipment necessary to conduct the business.

### **Hotel or Motel**

To acquire real property by purchase, lease or otherwise; to erect, repair and maintain hotel and motel buildings, garages, and other structures thereon. To conduct a general hotel, motel, restaurant and cafe business. To establish, maintain and operate newstands, tobacco counters, novelty shops, theater ticket agencies, barber shops, hair-

port, export, trade and deal in all kinds of pipes, tubes and conduits, and any and all products of cement, concrete, iron, steel, copper, zinc, clay or other substances capable of being utilized or made into agencies for the conveyance of steam, gas, oil, water or other fluids, and for enclosing, protecting or insulating electric or other wires, for pneumatic systems, and other purposes; also, to install, apply and deal in insulating materials of every description.

#### Confectioners' Supplies and Tools

To design, invent, manufacture, buy, sell and generally deal in candy-mixing machines, kettles, furniture, ovens, papers, knives, moulds, spoon shovels, and other devices, equipment, supplies and accessories usable or which may be used by confectioners. To buy, sell and generally deal in, sugar, molasses, flavoring extracts and other foodstuffs used by confectioners.

#### Construction, Owning and Operating Buildings

To acquire, by purchase or lease, or cause to be erected, on any lands owned, held or occupied by the corporation, buildings or other structures, with their appurtenances, and to manage, operate, lease, rebuild, enlarge, alter or improve any buildings, or other structures, now or hereafter erected on any lands so owned, held or occupied, and to mortgage, sell, lease or otherwise dispose of any lands or interests in lands, and any buildings or other structures, and any stores, shops, suites, rooms or part of any buildings or other structures, at any time owned or held by the corporation;

To acquire, by purchase or lease or manufacture, or otherwise, any personal property deemed necessary or proper or useful in the equipment, furnishing, improvement, development or management of any property, real or personal, at any time owned, held or occupied by the corporation and to invest, trade and deal in any personal property deemed beneficial to the corporation, and to mortgage, pledge, sell, let or otherwise dispose of any personal property at any time owned or held by the corporation.

To make  
and carry out  
paths, railroads  
fortifications,  
nels, subway  
ural, constru  
electrical and  
every part of  
produce, bu  
materials, su  
electricians,  
and deal in  
equipment a

To engag  
builders, pa  
dredgers, ex  
makers, plu  
contractors,  
layers, hod  
and gravel  
num, brass,  
and process  
welders, ma  
ing and air  
ing and fire  
hangers, d  
outfitters fo  
all other se  
products in  
phase of th  
otherwise a  
pave, mine  
rebuild, rep

**Magnetos, Ignition Systems, Self-Starters, Etc.**

To deal in, purchase, manufacture, hold, own, sell, or otherwise dispose of, repair, exchange, import and export all kinds of magnetos, electric motors, and dynamos, including particularly ignition systems, self-starters, lighting systems, combined starting and lighting systems, impulse starters and other electrical appliances and supplies for use on automobiles, trucks, airplanes, or internal-combustion engines, and other electrical appliances, equipment or supplies and motors, machines, engines or contrivances for the generation of power from electricity, steam, gasoline or other sources now known or which may hereafter be discovered, and to purchase, manufacture and sell all kinds of tools, machinery, machine supplies and engineering appliances and accessories and all kinds of goods, wares and merchandise necessary or incidental to the manufacture, purchase, sale, storage, repair, operation or equipment of airships, airplanes, automobiles, boats, magnetos, motors, engines and machinery of any and all kinds.

**Mail Tubes, Chutes, and Boxes**

To design, manufacture, buy and sell and deal in and to construct or erect mail chutes in office buildings, stores and other buildings for the purpose of transferring mail from one floor to another, mailing boxes, mailing tubes and other things and devices in which to pack articles, for transportation by means of the mail.

**Management Experts, Business**

To act as public relations and research counselors and promotion, merchandising and industrial counselors and business consultants, and in connection therewith to render management, negotiation, research, technical and advisory services to persons, firms, corporations and others in connection with their relations with employees, associates, stockholders, governmental officials and agencies, and the general public and any person or special group.

To serve in an advisory, managerial and consultative capacity to corporations, associations, partnerships, individuals and others, and to establish and maintain bureaus, departments and laboratories for in-

dustrial, financial, statistical, inventory and other research work, and to engage generally in the business of providing, promoting and establishing systems, methods and controls for industrial and managerial efficiency and operations.

To investigate systems, methods and controls of manufacturing, plant operations, packing, storing, shipping, marketing, inventories, accounting and other integral operations to any and all types of businesses and to make recommendations, revise, adapt, modernize and establish economies to effect industrial and managerial efficiency and in connection therewith to take over the entire operation and business of any type of industry or other forms of endeavor and to do all such things and to perform all such services as may be necessary to carry out the foregoing purposes.

To devise, develop, create, inaugurate and contract for the establishment, installation and sale and rental of systems, methods and controls for efficient operation and management of industrial manufacturing, mercantile, commercial or other business concerns, firms, partnerships, associations and corporations and to provide, make available and furnish maintenance and supervision, and to train and instruct individuals in the operation, installation and maintenance of such systems, methods and controls.

So far as authorized by the law under which this certificate is drawn; to examine and inspect the books and accounts of others, to devise and install financial, checking, correspondence, filing and other office and business systems; to take inventories; make appraisals; to compile statistics as an aid to the officers of the corporations and other persons in the making of reports and statements; to do all such things and perform or supply all such services as are commonly done, performed or supplied by business management experts; to warrant the accuracy of the work done or services performed by it, but not to engage in the practice of accounting.

#### Manganese

To acquire, by purchase or otherwise, lands containing manganese ore and to mine, smelt and refine manganese ore; to manufacture

KERNAN AND KERNAN, P. C.  
COUNSELORS AT LAW  
BANKERS TRUST BUILDING  
UTICA, N. Y. 13501

JAMES S. KERNAN, JR.  
JOHN E. HUNT  
LEIGHTON R. BURNS  
LAWRENCE J. GOLDBAS  
JAMES W. MORGAN

GREGORY A. HAMLIN  
ANDREA LYNCH

EARLE C. BASTOW  
THOMAS S. KERNAN  
COUNSEL

AREA CODE 315  
UTICA 797-8300  
HERKIMER 866-7497

January 17, 1979

Mr. Spencer J. Boyce  
Charles A. Gaetano Construction Corp.  
1506 Whitesboro Street  
Utica, New York 13502

RE: Schuyler Equipment Company, Inc.

Dear Spence:

Enclosed is a franchise tax search for the above corporation showing that franchise tax returns and taxes are due for the periods ending 12/31/76 and 12/31/77.

Also enclosed are three sample purpose clauses which may apply to the type of business which you wish the corporation to carry on. Please give me a call as soon as you have read these and let me know which one is best suited.

In order to complete the certificate changing the name of the corporation, etc. we will also need the following:

1. Name(s) of stockholder(s)
2. Names of officers and the office held by each.

Give me a call and we can go over this. Thanks.

Sincerely,

KERNAN AND KERNAN, P. C.



Secretary to Mr. Goldbas

/d  
Enc.

IF YOU HAVE FILED THE REQUESTED FORM, complete below:

DATE FORM WAS FILED

AMOUNT OF REMITTANCE

\$

PERIOD ENDED

SERIAL NO. STAMPED ON  
CANCELLED CHECK

EMPLOYER ID NO. USED ON FORM IF DIFFERENT FROM NUMBER SHOWN ON FRONT OF  
THIS FORM

IF THE CORPORATION IS DEFUNCT, complete below:

I CERTIFY THAT THE CORPORATION IS DEFUNCT.

SIGNATURE

TITLE

DATE

12/1/73

**CT-240. REPORT OF LICENSE FEE ON FOREIGN CORPORATIONS** - Every corporation organized under the laws of a State other than New York subject to franchise tax under Article 9 or 9A or the Tax Law, is also required to file Form CT-240, and pay a license fee with their first franchise tax report. This fee is in addition to the annual franchise tax, and is payable only once, unless there is a change in the capital structure or the capital stock employed in New York State. (Section 181, Article 9, Tax Law)

**CT-245. MAINTENANCE FEE AND ACTIVITIES REPORT OF FOREIGN CORPORATIONS** - Foreign corporations which do not file a franchise tax report must file Form CT-245 annually; when authorized to do business in New York, they must also pay the \$200.00 maintenance fee. (Section 181.2, Article 9, Tax Law)

**CT-3360. REPORT OF CHANGE IN TAXABLE INCOME BY U.S. TREASURY DEPARTMENT** - All Internal Revenue Service adjustments which affect income must be reported to the Tax Commission within 90 days after the final determination, using Form CT-3360. If the adjustment results in a credit or refund, the report must be filed no later than two years after final determination with a copy of the Federal form evidencing receipt of refund.

532873



New York State Corporation Tax Bureau — State Campus — Albany, New York 12227

## NOTICE OF FAILURE TO FILE CORPORATION TAX FORM

According to our records, you have not filed a franchise tax report for the period indicated. All New York State corporations are liable for franchise tax even though inactive; all foreign corporations which have activity in New York State are liable for franchise tax. Failure to file reports and pay any tax due subjects a corporation to dissolution or revocation of its authorization to do business as a corporation in New York State.

If you have filed the required report, or if the corporation is defunct, please complete the back of this form and return it to the Corporation Tax Bureau.

EMPLOYER ID NO.	FILE NO.	FORM TO BE FILED	PERIOD ENDED	TAX ART.	TAX SECTION
CT-1197649	BB44	CT-4*	12-31-76	9A	

<input type="checkbox"/>	APPLICABLE ONLY IF BOX IS CHECKED EVEN THOUGH YOU HAVE FILED AN EXTENSION, YOU MUST STILL FILE A COMPLETED REPORT
--------------------------	--

SCHUYLER EQUIPMENT COMPANY, INC.

1506 WHITESBORO ST  
UTICA NY

13502

\*If form to be filed is CT-240, CT-245 or CT-3360, see information on back of this form.

**TO AVOID CONTINUED ACCRUAL OF INTEREST,**  
file the indicated report without delay.  
Note instructions on report forms for  
computing interest and additional charge.



CT-4 NEW YORK STATE CORPORATION FRANCHISE TAX REPORT ARTICLE 9A, TAX LAW

(For corporations eligible to file this report, see instruction 1 on Page 2)

1975 CALENDAR YEAR 1975 or other taxable PERIOD

BEGUN 1975, ENDED 19

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2 1/2 months after close of report year. Please read instructions on Page 2 before preparing this report.

PLEASE PRINT OR TYPE

EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER
--------------------------------	-------------

BUREAU USE

CT 1197649 BB44 DEC  
SCHUYLER EQUIPMENT CO., INC.

Please use pre-addressed form. Correct any error in Employer Number, address and Zip Code.

NAME
1506 Whitesboro St.
NUMBER AND STREET
Utica, New York 13502
CITY OR TOWN, STATE AND ZIP CODE

CHECK IF CHANGED SINCE LAST REPORT ADDRESS EMPLOYER NUMBER

State or Country of Incorporation NY Date 10-19-1972 Began Business in New York State 19  
Principal business activity Business group code number (Per Federal return)

Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau \$ 300.00

SCHEDULE A — COMPUTATION OF TAX

TO AVOID REJECTION ALL ITEMS MARKED • MUST BE COMPLETED. USE ZEROS WHERE APPLICABLE

1. Net Income: Schedule B, Item 4	\$	X 9%	\$ None
2. Compensation of Officers: Schedule D, Item 1	\$		
3. Alternative Tax - 30% X (Item 1 + Item 2 less \$15,000) X 9% - Instruction 2			None
4. Total Capital: Schedule C, Item 3, Instruction 3	\$	X .0016	None
5. Minimum			\$125.00 - 250.00
6. Tax: Largest of Items 1, 3, 4 or 5	\$		125.00 - 250.00
7. Prepayments - Instruction 4			None
8. Balance: Item 6 less Item 7	\$		125.00 - 300.00
9. Interest: Compute on Item 8 - Instruction 5			
10. Additional Charge: Compute on Item 8 - Instruction 6			
11. Balance Due: Total of Items 8, 9 and 10	Pay	\$	125.00 300.00
12. Overpayment: Item 7 less Item 6	a. Credit to next period		
	b. Refund		

SCHEDULE B — COMPUTATION OF ENTIRE NET INCOME

1. Federal Taxable Income before net operating loss deduction and special deductions	\$	None
2. New York State Franchise Tax deducted on Federal Return		None
3. Interest to stockholders \$ less 10% or \$1,000 whichever is larger—Instruction 7		None
4. Taxable Net Income: Total of Items 1, 2 and 3	\$	None

SCHEDULE B-1 — ADDITIONAL INFORMATION

1. Total Receipts (Total income plus cost of goods sold from Federal return)	\$	None
2. Compensation of officers deducted on Federal return		None
3. Interest deducted on Federal return		None

SCHEDULE C — COMPUTATION OF CAPITAL — Enter total assets in columns a and b from balance sheet of Federal return.

	(A) BEGINNING OF YEAR	(B) END OF YEAR	(C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8
1. Total Assets	\$	\$	None
2. Current Liabilities — Instruction 9			None
3. Total Capital (Item 1 less Item 2)			None
4. Issued Capital Stock	\$	\$	None
5. Paid in capital, Surplus and Reserves			None
6. Depreciable Assets and Land - Instruction 8			None

SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary.)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Not Designated			\$ None
1. Total (including any amount on rider.)			\$ None

Federal return was filed on - 1120 1120-S  
Consolidated Basis Other  
Has the Internal Revenue Service corrected any reported taxable income NOT previously reported?  
If "YES", complete and submit Form CT-3360 Yes No

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Par Shares, \$ No Par Shares, \$

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER 3/4/76 Vice Pres 3-376  
OFFICIAL TITLE DATE

## INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

## 1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

- a. Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
- b. Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau of any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

## SCHEDULE A

2. Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
4. Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. **Do not** use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
5. Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 8.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.
6. Item 10: ADDITIONAL CHARGE
  - a. In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5 % per month up to 25 %.
  - b. In case of failure to pay the tax shown on a return, add to the tax, less any payments made, ½ % per month up to 25 %.
  - c. The total of the additional charges in a. and b. may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

## SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5 % of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

## SCHEDULE C

8. Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average fair market value results.
9. Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

## PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

## IMPORTANT NOTICE TAX LAW CHANGES

Chapter 895, Laws of 1975, increases tax rates under Article 9A and 13 of the Tax Law, for all periods begun on or after January 1, 1975. It also imposes a one year surcharge of 20% of the tax (before allowance of any eligible business facility credit, investment tax credit and/or DISC, export credit) applicable to taxpayers' first period begun on or after January 1, 1975. If the period on which the surcharge is computed is less than twelve months, the surcharge is imposed on a prorated part of the second year's tax.

Every franchise tax report (Form CT-3 1975, Form CT-4 1975 or Form CT-13 1975) MUST include a rider in which the increased rates are applied to tax bases and the surcharge is added. THE RIDER MUST BE COMPLETED IN CONJUNCTION WITH SCHEDULE A, FORM CT-3, FORM CT-4 or FORM CT-13.

### RIDER - FORM CT-3 1975

1. Allocated Net Income shown at Item 1 of Schedule A x 10%...\$
2. Allocated Capital shown at Item 2 of Sch. A x .00178.....\$
3. Alternative base shown at Item 3 of Sch. A x 10%.....\$
4. Minimum Tax.....\$ 250.00
5. Allocated Subsidiary Capital shown at Item 5 of Sch. A x .0009.....\$
6. Tax Before Credits: Largest of Lines 1, 2, 3 or 4 above, plus Line 5.....\$\$
7. Credits from Form CT-45, CT-46 and CT-3C (MAY NOT reduce Line 6 to less than the Minimum Tax).....\$
8. Tax After Credits (Line 6 minus Line 7).....\$
9. Surcharge (20% x Line 6).....\$
10. Tax Due (Line 8 plus Line 9 - Enter at Item 6, Schedule A, Form CT-3).....\$

Lines 1 through 5 of this rider MUST ALSO BE ENTERED on Form CT-3, Schedule A, Items 1 through 5.

Line 10 of this rider MUST ALSO BE ENTERED on Form CT-3, Schedule A, Item 6.



Form CT-5S (1/76) Must Be Used To Obtain A Valid Extension For The Calendar Year 1975 And For Fiscal Years Ending in 1976

IF ADDITIONAL INFORMATION IS REQUIRED, TELEPHONE: (Area Code 518) 457-1000

(RIDERS for Forms CT-4 and CT-13 are on the back of this form.)

**RIDER - FORM CT-4 1975**

- |   |    |                                       |
|---|----|---------------------------------------|
| 1. Net Income shown at Item 1 of Schedule A x 10%.....  | \$ | <u>None</u>                           |
| 2. Compensation of Officers shown at Item 2 of Sch. A..   | \$ | <u>None</u> <del>XXXXXXXXXXXXXX</del> |
| 3. Alternative Tax: (30% x [Net Income plus Officers' Compensation<br>minus \$15,000]) x 10%..... | \$ | <u>None</u>                           |
| 4. Capital shown at Item 4 of Sch. A x .00178.....  | \$ | <u>None</u>                           |
| 5. Minimum Tax.....   | \$ | <u>250.00</u>                         |
| 6. Tax - Largest of Lines 1, 3, 4 or 5 above.....   | \$ | <u>250.00</u>                         |
| 7. Surcharge (20% x Line 6).....  | \$ | <u>50.00</u>                          |
| 8. Tax Due (Line 6 plus Line 7 - Enter at Item 6,<br>Schedule A, Form CT-4).....                  | \$ | <u>300.00</u>                         |

Lines 1 through 5 of this rider MUST ALSO BE ENTERED on Form CT-4, Schedule A, Items 1 through 5.

Line 8 of this rider MUST ALSO BE ENTERED on Form CT-4, Schedule A, Item 6.

Form CT-5S (1/76) Must Be Used To Obtain A Valid Extension For The Calendar Year 1975 And For Fiscal Years Ending In 1976.

**RIDER - FORM CT-13 1975**

- |   |    |               |
|---|----|---------------|
| 1. Allocated Net Income shown at Item 1 of Schedule A x 10%.....                  | \$ |               |
| 2. Minimum Tax.....   | \$ | <u>250.00</u> |
| 3. Tax - Largest of Lines 1 or 2 above.....                                       | \$ |               |
| 4. Surcharge (20% of Line 3).....   | \$ |               |
| 5. Tax Due (Line 3 plus Line 4 - Enter at Item 3,<br>Schedule A, Form CT-13)..... | \$ |               |

Lines 1 and 2 of this rider MUST ALSO BE ENTERED on Form CT-13, Schedule A, Items 1 and 2.

Line 5 of this rider MUST ALSO BE ENTERED on Form CT-13, Schedule A, Item 3.

IF ADDITIONAL INFORMATION IS REQUIRED, TELEPHONE: (Area Code 518) 457-1000

(For corporations eligible to file this report, see instruction 1 on Page 2)

1974

CALENDAR YEAR 1974 or other taxable PERIOD

BEGUN 1974 ENDED 19

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2 1/2 months after close of report year. Please read instructions on Page 2 before preparing this report.

PLEASE PRINT OR TYPE		BUREAU USE
EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER	

Please use pre-addressed form. Correct any error in Employer Number, address and Zip Code.

NAME Schuyler Equipment Co., Inc. CT 1197 649 BB44 270 398.50  
1506 Whitesboro St.  
NUMBER AND STREET  
Utica, N.Y. 13502  
CITY OR TOWN, STATE AND ZIP CODE

CHECK IF CHANGED SINCE LAST REPORT ADDRESS EMPLOYER NUMBER

State or Country of Incorporation N.Y. Date 10-19 1974 Began Business in New York State 19  
Principal business activity Business group code number (Per Federal return)

Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau \$ 125.00

SCHEDULE A — COMPUTATION OF TAX

1. Net Income: Schedule B, Item 4	\$	X 9%	\$ None
2. Compensation of Officers: Schedule D, Item 1	\$		
3. Alternative Tax - 30% X (Item 1 + Item 2 less \$15,000) X 9% - Instruction 2			None
4. Total Capital: Schedule C, Item 3, Instruction 3	\$	X .0016	None
5. Minimum			\$125.00
6. Tax: Largest of Items 1, 3, 4 or 5			\$ 125.00
7. Prepayments - Instruction 4			None
8. Balance: Item 6 less Item 7			\$ 125.00
9. Interest: Compute on Item 8 - Instruction 5			
10. Additional Charge: Compute on Item 8 - Instruction 6			
11. Balance Due: Total of Items 8, 9 and 10	Pay	\$	125.00
12. Overpayment: Item 7 less Item 6	a. Credit to next period		3
	b. Refund		9

SCHEDULE B — COMPUTATION OF ENTIRE NET INCOME

1. Federal Taxable Income before net operating loss deduction and special deductions	\$	None
2. New York State Franchise Tax deducted on Federal Return		None
3. Interest to stockholders \$ less 10% or \$1,000 whichever is larger—Instruction 7		None
4. Taxable Net Income: Total of Items 1, 2 and 3	\$	None

SCHEDULE B-1 — ADDITIONAL INFORMATION

1. Total Receipts (Total income plus cost of goods sold from Federal return)	\$	None
2. Compensation of officers deducted on Federal return		None
3. Interest deducted on Federal return		None

SCHEDULE C — COMPUTATION OF CAPITAL — Enter total assets in columns a and b from balance sheet of Federal return.

	(A) BEGINNING OF YEAR	(B) END OF YEAR	(C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8
1. Total Assets	\$	\$	None
2. Current Liabilities — Instruction 9			None
3. Total Capital (Item 1 less Item 2)			None
4. Issued Capital Stock	\$	\$	None
5. Paid in capital, Surplus and Reserves			None
6. Depreciable Assets and Land - Instruction 8			None

SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary.)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Not designated as yet			\$ None

1. Total (including any amount on rider.) \$

Federal return was filed on - 1120 1120-S  
Consolidated Basis Other  
Has the Internal Revenue Service corrected any reported taxable income NOT previously reported?  
If "YES", complete and submit Form CT-3360 Yes No

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Par Shares, \$ No Par Shares, \$

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER ACF Vice Pres DATE 2-10-75  
Paul by P66 F96 # 760



## INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

## 1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, **except** omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

- a. Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
- b. Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau of any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

## SCHEDULE A

2. Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
4. Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. **Do not** use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
5. Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 8.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.
6. Item 10: ADDITIONAL CHARGE
  - a. In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5% per month up to 25%.
  - b. In case of failure to pay the tax shown on a return, add to the tax, less any payments made, ½ % per month up to 25%.
  - c. The total of the additional charges in a. and b. may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

## SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

## SCHEDULE C

8. Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average fair market value results.
9. Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

## PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

STATE OF NEW YORK - DEPARTMENT OF TAXATION AND FINANCE  
CORPORATION TAX BUREAU

IMPORTANT NOTICE FOR CT-3 AND CT-4 FORMS

Use the pre-addressed report form. If an agent prepares your report, send these forms to him. Make all necessary corrections to the label.

Due to Computerization, it is vitally important that all items at the top of the report form, including the period information, as well as all items in Schedule A, be correctly entered. This will insure proper credit to your account.

An Application for Extension must include all identifying data from the pre-addressed report label.

The CT-3 must be used when an Application for Extension was filed showing an estimated tax of over \$1,000 with a 25% installment payment for the current tax year.

(See over)

NOTE: Revision of item sequence and entry of first installment and prepayments on Form CT-3

Schedule A on both the CT-3 and CT-4 has been revised. They provide for entry of data which progresses from the computation of tax, through additions and/or subtractions, to an end result - (balance due, or overpayment). In addition, on the CT-3 the first installment should be included in the prepayments.

Only one entry should be made at Item 7, Schedule A on Form CT-3: Item 7a if an Application for Extension was filed OR item 7b if tax reported is over \$1,000.00 and no Application for Extension filed. Item 9 of schedule A on the CT-3 requires entry of all prepayments (except installment payments made after filing the Application for Extension).

The amount entered on item 3 of an Application for Extension cannot be reduced or increased on the related completed report.

(See over)

1974



NEW YORK STATE CORPORATION FRANCHISE TAX REPORT ARTICLE 9A, TAX LAW

(For corporations eligible to file this report, see instruction 1 on Page 2)

CALENDAR YEAR 1973 or other taxable PERIOD

1973

BEGUN 1973, ENDED 19

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2 1/2 months after close of report year. Please read instructions on Page 2 before preparing this report.

PLEASE PRINT OR TYPE

EMPLOYER IDENTIFICATION NUMBER CT 1197 649	FILE NUMBER 270 398.50
---	---------------------------

Please use pre-addressed form. Correct any error in Employer Number, address and Zip Code.

NAME Schuyler Equipment Co., Inc.

NUMBER AND STREET 1506 Whitehorn St

CITY OR TOWN, STATE AND ZIP CODE Utica NY 13502

BUREAU USE

AT

AI

B

T

BY

DATE

CHECK IF CHANGED SINCE LAST REPORT

☐

ADDRESS

☐

EMPLOYER NUMBER

State or Country of Incorporation

Date

19

Began Business in New York State

19

Principal business activity

Business group code number (Per Federal return)

Remittance

Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau

\$

125.00

SCHEDULE A — COMPUTATION OF TAX

1. Net Income: Schedule B, Item 4	\$	X 9%	\$	None
2. Compensation of Officers: Schedule D, Item 1	\$			
3. Alternative Tax - 30% X (Item 1 + Item 2 less \$15,000) X 9% - Instruction 2				None
4. Total Capital: Schedule C, Item 3, Instruction 3	\$	X .0016		None
5. Minimum				\$125.00
6. Tax: Largest of Items 1, 3, 4 or 5			\$	125.00
7. Prepayments - Instruction 4				None
8. Balance: Item 6 less Item 7			\$	125.00
9. Interest: Compute on Item 8 - Instruction 5				None
10. Additional Charge: Compute on Item 8 - Instruction 6				None
11. Balance Due: Total of Items 8, 9 and 10		Pay	\$	125.00
12. Overpayment: Item 7 less Item 6		a. Credit to next period		3
		b. Refund		9

SCHEDULE B — COMPUTATION OF ENTIRE NET INCOME

1. Federal Taxable Income before net operating loss deduction and special deductions	\$	None
2. New York State Franchise Tax deducted on Federal Return		None
3. Interest to stockholders \$ less 10% or \$1,000 whichever is larger—Instruction 7		None
4. Taxable Net Income: Total of Items 1, 2 and 3	\$	None

SCHEDULE B-1 — ADDITIONAL INFORMATION

1. Total Receipts (Total income plus cost of goods sold from Federal return)	\$	
2. Compensation of officers deducted on Federal return		
3. Interest deducted on Federal return		

SCHEDULE C — COMPUTATION OF CAPITAL — Enter total assets in columns a and b from balance sheet of Federal return.

	(A) BEGINNING OF YEAR	(B) END OF YEAR	(C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8
1. Total Assets	\$	\$	None
2. Current Liabilities — Instruction 9			None
3. Total Capital (Item 1 less Item 2)			None
4. Issued Capital Stock	\$	\$	None
5. Paid in capital, Surplus and Reserves			None
6. Depreciable Assets and Land - Instruction 8			None

SCHEDULE D — OFFICERS (appointed or elected) AND STOCKHOLDERS — Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary.)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Not designated as yet			\$ None
1. Total (including any amount on rider.)			\$

Federal return was filed on

☐ Consolidated Basis

☐ Other

☐ 1120

☐ 1120-S

Has the Internal Revenue Service corrected any reported taxable income not previously reported?

If "YES", complete and submit Form CT-3360

☐ Yes

☒ No

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Par

Shares, \$

; No Par

Shares, \$

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER

OFFICIAL TITLE

DATE

3-13-77  
Paid with Pkt FAS Co #647 \$125.00

## INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

## 1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

- Having a tax in excess of \$1,000.00, or an estimated tax of more than \$1,000 on Application for Extension, Form CT-5, if filed.
- Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau or any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U.S. Small Business Corporation Income Tax Return, with the U.S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The Taxable Income reported on Form 1120-S should be entered at Item 1, Schedule B on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

## SCHEDULE A

- Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.
- Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code and for limited profit housing corporations organized and operating pursuant to the provisions of Article 2 of the Private Housing Finance Law is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.
- Item 7: The amount entered at this item should be the total of all payments made for the period covered by this report. Do not use this form if an amount of installment was entered at Item 3 on Application for Extension, Form CT-5. See instruction 1a.
- Item 9: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 7.5% per year (8% for periods beginning August 15, 1973 or later) must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.
- Item 10: In case of failure to file a return when due or if the application for extension is invalid, add to the tax, less any payments made on or before the due date, 5% per month up to 25%.

In case of failure to pay the tax shown on a return, add to the tax, less any payments made, 1/2% per month up to 25%. The total of these additional charges may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

## SCHEDULE B

- Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

## SCHEDULE C

- Item 1 and Item 6, column (c), Total assets and depreciable assets and land: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average market value results.
- Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

## PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

1972

CALENDAR YEAR 1972 or other taxable PERIOD

BEGUN 1972, ENDED 19

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2½ months after close of report year. Please read instructions on Page 2 before preparing this report.

PLEASE PRINT OR TYPE	
EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER
CT 1197649	270 398 50

BUREAU USE	
AT	
AI	
B	
T	
BY	
DATE	

Please use pre-addressed form. Correct any error in Employer Number, address and Zip Code.

CT 1197 649 270 398 50  
SCHUYLER EQUIPMENT COMPANY, IN  
~~1506 WHITESBORO ST~~  
UTICA NY

CITY OR TOWN, STATE AND ZIP CODE

CHECK IF CHANGED SINCE LAST REPORT ☐ ADDRESS ☐ EMPLOYER NUMBER

State or Country of Incorporation New York Date 10-19-1972 Began Business in New York State 19

Principal business activity Business group code number (Per Federal return)

REMITTANCE
Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau \$ 125.00

### SCHEDULE A - COMPUTATION OF TAX

1. Net Income: Schedule B, Item 4	\$	X 9%	\$ None
2. Compensation of Officers: Schedule D, Item 1	\$		None
3. Alternative Tax - 30% X (Item 1 + Item 2 less \$15,000) X 9% - Instruction 2			None
4. Total Capital: Schedule C, Item 3, Instruction 3	\$	X .0016	None
5. Minimum			\$125.00
6. Tax: Largest of Items 1, 3, 4 or 5			\$ 125.00
7. Interest - Instruction 4			
8. Additional Charge - Instruction 5			
9. Total: Items 6, 7 and 8			\$ 125.00
10. Prior Payments - Instruction 6			None
11. Balance Due: Item 9 less Item 10			\$ 125.00
12. Overpayment: Item 10 less Item 9			
	a. Credit to next year		
	b. Refund		

### SCHEDULE B - COMPUTATION OF ENTIRE NET INCOME

1. Federal Taxable Income before net operating loss deduction and special deductions	\$	None
2. New York State Franchise Tax deducted on Federal Return		None
3. Interest to stockholders \$ less 10% or \$1,000 whichever is larger - Instruction 7		None
4. Taxable Net Income: Total of Items 1, 2 and 3	\$	None

### SCHEDULE B-1 - ADDITIONAL INFORMATION

1. Total Receipts (Total income plus cost of goods sold from Federal return)	\$	None
2. Compensation of officers deducted on Federal return		None
3. Interest deducted on Federal return		None

### SCHEDULE C - COMPUTATION OF CAPITAL - Enter total assets in columns a and b from balance sheet of Federal return.

	(A) BEGINNING OF YEAR	(B) END OF YEAR	(C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8
1. Total Assets	\$	\$	None
2. Current Liabilities - Instruction 9			None
3. Total Capital (Item 1 less Item 2)			None
4. Issued Capital Stock	\$	\$	
5. Paid in capital, Surplus and Reserves			
6. Depreciable Assets and Land			None

### SCHEDULE D - OFFICERS (appointed or elected) AND STOCKHOLDERS - Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address - Give actual residence (Attach rider if necessary.)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
NOT DESIGNATED AS YET			\$ None
1. Total (including any amount on rider.)			None

Federal return was filed on - ☐ 1120; ☐ 1120-S; ☐ Consolidated Basis

Has the Internal Revenue Service corrected any reported taxable income? ☐ Yes ☒ No

Have changes been reported on Forms CT-3360? ☐ Yes ☒ No

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Par Shares, \$ No Par Shares, \$

### CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER	OFFICIAL TITLE	DATE
William C. Galt	President	3-26-73

Admitted 10/6/72 10/6/72 10/6/72 10/6/72

CT-4

NEW YORK STATE CORPORATION FRANCHISE TAX REPORT ARTICLE 9A, TAX LAW

(For corporations eligible to file this report, see instruction 1 on Page 2)

1972

CALENDAR YEAR 1972 or other taxable PERIOD

BEGUN

1972,

ENDED

19

File with Corporation Tax Bureau, State Campus, Albany, N.Y. 12227, within 2½ months after close of report year. Please read instructions on Page 2 before preparing this report.

PLEASE PRINT OR TYPE

EMPLOYER IDENTIFICATION NUMBER

FILE NUMBER

CT 1197649

270 398.50

BUREAU USE

AT

AI

B

T

BY

DATE

Please use pre-addressed form. Correct any error in Employer Number, address and Zip Code.

Schuyler Equipment Company Inc

1506 Whitaboro St

Utica NY 13502

CHECK IF CHANGED SINCE LAST REPORT

ADDRESS

EMPLOYER NUMBER

State or Country of Incorporation

N.Y.

Date

10-19 1972

Began Business in New York State

19

Principal business activity

Business group code number (Per Federal return)

Remit amount shown at Item 11, Schedule A payable to Corporation Tax Bureau

\$

125.00

SCHEDULE A – COMPUTATION OF TAX

1. Net Income: Schedule B, Item 4	\$	X 9%	\$	None
2. Compensation of Officers: Schedule D, Item 1	\$			None
3. Alternative Tax – 30% X (Item 1 + Item 2 less \$15,000) X 9% – Instruction 2				None
4. Total Capital: Schedule C, Item 3, Instruction 3	\$	X .0016		None
5. Minimum				\$125.00
6. Tax: Largest of Items 1, 3, 4 or 5	\$			125.00
7. Interest – Instruction 4				
8. Additional Charge – Instruction 5				
9. Total: Items 6, 7 and 8	\$			125.00
10. Prior Payments – Instruction 6				None
11. Balance Due: Item 9 less Item 10	\$			125.00
12. Overpayment: Item 10 less Item 9				
a. Credit to next year				3
b. Refund				9

SCHEDULE B – COMPUTATION OF ENTIRE NET INCOME

1. Federal Taxable Income before net operating loss deduction and special deductions	\$	None
2. New York State Franchise Tax deducted on Federal Return		None
3. Interest to stockholders \$ less 10% or \$1,000 whichever is larger–Instruction 7		None
4. Taxable Net Income: Total of Items 1, 2 and 3	\$	None

SCHEDULE B-1 – ADDITIONAL INFORMATION

1. Total Receipts (Total income plus cost of goods sold from Federal return)	\$	None
2. Compensation of officers deducted on Federal return		None
3. Interest deducted on Federal return		None

SCHEDULE C – COMPUTATION OF CAPITAL – Enter total assets in columns a and b from balance sheet of Federal return.

	(A) BEGINNING OF YEAR	(B) END OF YEAR	(C) AVERAGE FAIR MARKET VALUE INSTRUCTION 8
1. Total Assets	\$	\$	None
2. Current Liabilities – Instruction 9			None
3. Total Capital (Item 1 less Item 2)			None
4. Issued Capital Stock	\$	\$	
5. Paid in capital, Surplus and Reserves			
6. Depreciable Assets and Land			None

SCHEDULE D – OFFICERS (appointed or elected) AND STOCKHOLDERS – Include all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Name and Address – Give actual residence (Attach rider if necessary.)	Soc. Sec. Number	Official Title	Salary & All Other Compensation Received from Corporation
Not designated as yet			\$ None

1. Total (including any amount on rider.)

None

Federal return was filed on -

1120;

1120-S;

Consolidated Basis

Has the Internal Revenue Service corrected any reported taxable income?

Yes

No

Have changes been reported on Forms CT-3360?

Yes

No

Corporations organized outside New York State should complete the following with respect to capital stock issued and outstanding:

Par

Shares, \$

No Par

Shares, \$

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

SIGNATURE OF OFFICER

OFFICIAL TITLE

DATE

## INSTRUCTIONS FOR NEW YORK STATE CORPORATION TAX FORM CT-4

## 1. CORPORATIONS ELIGIBLE TO FILE THIS REPORT:

This report form is for use by corporations taxable under Tax Law Article 9-A having only business capital and no place of business outside New York State, except omnibus corporations, real estate investment trusts, domestic international sales corporations (DISCS), stockholders in DISCS, and those:

Having a tax in excess of \$1,000.00.

Claiming net operating loss deduction, optional depreciation deduction, adjustment for waste treatment or air pollution control facilities, credit for eligible business facility, or investment credit.

Tax Exempt DISCS must file Form CT-3B. Corporate stockholders in Tax Exempt DISCS must file Forms CT-3 and CT-3C. All other corporations taxable under Article 9-A, not eligible to file this form, must file Form CT-3. Forms may be obtained from the Corporation Tax Bureau or any district office of the Department of Taxation and Finance.

Corporations which have elected to file Form 1120-S, U. S. Small Business Corporation Income Tax Return, with the U. S. Treasury Department, and are subject to the franchise tax imposed by Article 9-A must file Form CT-4 or CT-3. The amounts reported on Form 1120-S should be entered on Form CT-4 or CT-3. Such corporations must attach copy of all pages of their Federal Return.

## SCHEDULE A

2. Item 3: If report is for less than a year, the \$15,000 exclusion is prorated proportionally. Professional Service Corporations formed on or after May 19, 1970 under Article 15 of the Business Corporation Law are not subject to this alternative tax. Section 210.1-b, Tax Law. Such corporations should leave item 2 blank and enter the initials "PC" in item 3, Schedule A.

3. Item 4: The tax rate for cooperative housing corporations as defined in the Internal Revenue Code and for limited profit housing corporations organized and operating pursuant to the provisions of Article 2 of the Private Housing Finance Law is four-tenths of one mill. Section 210.1 (a) (2), Tax Law.

4. Item 7: If the tax is not paid on or before the due date (determined without regard to any extension of time) interest at 7.5% per year must be paid on the amount of the underpayment from the due date to the date paid. Section 1084, Tax Law.

5. Item 8: In case of failure, not due to reasonable cause, to file a return when due, there shall be added to the tax, less any payments made on or before the due date, 5% per month up to 25%.

In case of failure, not due to reasonable cause, to pay the tax shown on a return, there shall be added to the tax shown, less any payments made, 1/2% per month up to 25%. The total of these additional charges may not exceed 5% for any one month.

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment. Section 1085, Tax Law.

6. Item 10: The amount entered at this item should be the total of all payments made for the period covered by this report. Do not include amount of installment entered at Item 3 on Application for Extension, Form CT-5, or installment payments made after filing application for extension.

## SCHEDULE B

7. Item 3: Enter here all interest paid or accrued on indebtedness directly or indirectly owed to any stockholder (including subsidiaries of a corporate stockholder) or members of his immediate family, owning in the aggregate in excess of 5% of the issued capital stock of the taxpayer. For purposes of this item, "immediate family" consists of brothers and sisters of the whole or half blood, spouse, ancestors and descendants. If no such interest was paid or accrued, enter "none".

## SCHEDULE C

8. Item 1, column (c), Assets: The fair market value of any asset is the price (without any encumbrance, whether or not the taxpayer is personally liable) at which a willing seller, not compelled to sell, will sell, and a willing purchaser, not compelled to buy, will buy. Average fair market value is generally computed on a quarterly basis where the taxpayer's usual accounting practice permits. A more frequent basis (monthly, weekly or daily) may be used. Where the taxpayer's usual accounting practice does not permit computation of average fair market value on a quarterly or more frequent basis, a semi-annual or annual basis may be used if no distortion of average market value results.

9. Item 2, Current Liabilities: Include only liabilities maturing in one year or less from date originally incurred. Do not include loans or advances outstanding for more than a year as of any date during the year covered by this report, or notes payable which are regularly renewed from year to year. Use same method of averaging as is used in determining average fair market value of assets.

## PRINCIPAL BUSINESS ACTIVITY

In reporting the "principal business activity" give the one activity that accounts for the largest percentage of total receipts. "Total receipts" means gross receipts plus all other income. State the broad field of business activity as well as the specific product or service (e.g., mining copper, manufacturing cotton broad woven fabric, wholesale meat, retail men's apparel, export or import chemicals, real estate rental, or real estate operation of motel).

CERTIFICATE OF INCORPORATION

of

SCHUYLER EQUIPMENT COMPANY, INC.

Prusuant to Section 402 of the  
Business Corporation Laws

The Undersigned, for the purpose of forming a corporation prusuant to section 402 of the Business Corporation Law of the State of New York, does hereby certify:

1. The name of the corporation shall be Schuyler Equipment Company, Inc.
2. The purpose for which the corporation is formed is to buy, manufacture, assemble, lease(either as lessee or lessor), sublease (either as lessee or lessor), purchase, or in any other manner acquire, sell, or in any other manner dispose of, export, import, use, operate, rent, hire, furnish, grant the use of, repair, and generally deal in all types of motor vehicles, motorized equipment, stationary equipment, apparatus, tools, machines of any nature, and property of any and every land and description; to purchase or otherwise acquire, construct, equip, make, improve, and operate, or aid or subscribe toward the acquisition, construction, equipping, making, improving, and operating of plants, mills, factories, storehouses, garages, buildings, and works of all kinds, in so far as the same may appertain to, or be useful for, or in connection with the conduct of the business enterprise of this corporation.
3. The office of the corporation shall be located in the Town of Schuyler, County of Herkimer, and State of New York .
4. The total number of shares which the corporation shall have authority to issue shall be 200, all of the same class, and having no par value.



5. The Secretary of State of the State of New York is designated as the agent of the corporation upon whom process in any action or proceeding against it may be served. The address to which the Secretary of State shall mail a copy of process in any action or proceeding against the corporation which may be served upon him is 1506 Whitesboro Street, Utica, New York.

6. The incorporator is a natural person over the age of twenty-one years.

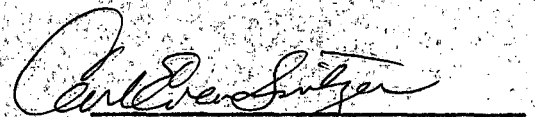
In Witness Whereof I have signed this Certificate of Incorporation on this 20 day of October, 1972.



William C. Gaetano  
1506 Whitesboro Street  
Utica, New York

State of New York )  
County of Oneida ) ss:

On the 0 day of October, 1972, before me personally came William C. Gaetano to me known and known to me to the individual described in and who executed the foregoing certificate, and he acknowledged to me that he executed the same.



Notary Public

Comm. Expires 3/30/74

Paid Receivable Invoices



GAETANO REALTY CORP.  
1505 Whitesboro Street  
UTICA, NEW YORK 13502

INVOICE

DATE 2-14-77

Phone 732-1011

SUBJECT

TO

Gerace Carload Liquor

234 Columbia Street

Utica, New York

> Brace shelves with shelf brackets

Labor & Material \$36.32

4% NYS Sales Tax 1.45

Total \$37.77

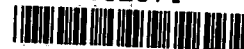
PAID  
3/2/77

☐ PLEASE REPLY

☐ NO REPLY NECESSARY

SIGNED

532874





PIONEER STEEL ENGINEERING

INCORPORATED

GREENFIELD, MASS. 01301

413-772-0821



FABRICATED REINFORCING BARS - HOLLOW METAL DOORS - STEEL STORAGE PRODUCTS

GERACE LIQUORS

Brace shelves with shelf  
brackets to wall

Carpenter - 3 hrs - LY

Materials -

16.32  
3 5  
3 6 32

**GAETANO REALTY CORP.**1506 Whitesboro Street  
UTICA, NEW YORK 13502**INVOICE**

DATE 2-9-77

Phone 732-1011

SUBJECT

TO

ITT CONTINENTAL BAKING

601 - 2nd Street

Utica, New York

&gt; Repair damaged door and door frame at Rome, New York Thrift Store

Labor &amp; Materials \$228.46

4% NYSS Tax 9.14

Total \$237.60

Paid 2/11/77

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

# Realty Invoice

~~Under~~

ITT Continental Baking  
601 2nd St  
Ut

Repair damaged door and door frame  
At Rome N.Y. Thrift Store

Labor & Materials	\$ 228.46
4% NYNJ Tax	914
Total	<u>237.60</u>

Invoice to Uncle Bread.  
ROSE NY TRIFT STORE

Mat'l	\$ 90 <u>94</u>
Labor & Ins	\$ <u>88 96</u>
	\$ 179.90
Fee	\$ <u>28.23</u>
	\$ <u>208.13</u>

REPAIR DAMAGED DOOR + FRAME  
AS REQUIRED.

LABOR W/INS. 100.-

MAT.	<u>88.96</u>
	188.96
10% FEE	<u>18.80</u>
	207.76
10% O.N.	<u>20.70</u>
	228.46

# WONDER BREAD

Rome, NY

## MAT'L

LUMBER - GENERAL LUMBER (P.O.) \$ 55<sup>11</sup>

GLUE - " " INVOICE 3<sup>00</sup>

BOLTS - McCoy

CASH } \$ 9<sup>17</sup>

BRACKETS - "

"

LAGS - LEVITT

CASH } \$ 3<sup>66</sup>

WASHERS

\$ 70<sup>94</sup>

## LABOR

TIM MATONS 8 HRS 2/4/77 5<sup>25</sup> 46<sup>00</sup>

8x 5<sup>25</sup> 44<sup>00</sup>

INS

46<sup>00</sup>

9<sup>20</sup>

\$ 55<sup>20</sup>

55<sup>20</sup>

126.14

65<sup>00</sup>

81.99

\$ 208.13

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

**I N V O I C E**

DATE **January 7, 1977**

Phone **732-1011**

SUBJECT

TO

**New York State Teamsters Health & Hospital Fund**

**5 Rutger Park**

**Utica, New York**

**RE: 225 ELIZABETH ST.**

> **Regular cleaning for month of December**

**\$200.00**

*Pa*  
*1/24/77*

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

**GAETANO REALTY CORP.**1506 Whitesboro Street  
UTICA, NEW YORK 13502**INVOICE**DATE **1-31-77**

SUBJECT

Phone 732-1011

TO

New York State Teamsters Health &amp; Hospital Fund

5 Rutger Park

Utica, New York

Re: 225 Elizabeth St.

&gt; Regular cleaning for month of Jan. 1977

\$200.00

1-4-77 Repair door lock

12.00

\$212.00

*Paul*  
*2/4/77*

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY



# New York State Teamsters Council Health and Hospital Fund

## TRUSTEES

### *Employer Representatives*

Thomas R. Blando, *Sec'y*,  
UTICA  
J. M. Willis,  
BUFFALO  
William H. Mosley, Sr.,  
NEW HARTFORD  
David G. Quidort,  
MECHANICSBERG, PA.

5 RUTGER PARK

UTICA, NEW YORK 13501

Telephone UTICA 797-7525

W-027

## TRUSTEES

### *Labor Representatives*

R. F. DePerno, *Treas.*  
UTICA  
Donald Wells,  
BUFFALO  
Nicholas Robilotto,  
ALBANY  
Paul Gambacorto,  
SYRACUSE

February 3, 1977

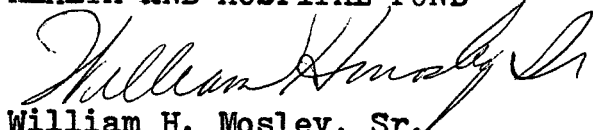
Gaetano Realty Corp.  
1506 Whitesboro Street  
Utica, New York 13502

Gentlemen:

Enclosed please find check #7092 in the amount of \$212.00  
for cleaning for month of January 1977, 225 Elizabeth Street.

Very truly yours,

N.Y.S. TEAMSTERS COUNCIL  
HEALTH AND HOSPITAL FUND



William H. Mosley, Sr.  
Administrator

WHM:and  
Encl. check

### *Participating Teamster Locals*

65 Ithaca, 118 Rochester, 182 Utica, 294 Albany, 317 Syracuse, 375 Buffalo, 449 Buffalo, 506 Auburn,  
529 Elmira, 648 Plattsburg, 649 Jamestown, 687 Watertown and 693 Binghamton.

GAETANO REALTY CORP.

1506 Whitesboro Street  
UTICA, NEW YORK 13502

INVOICE

DATE

12-22-76

Phone 732-1011

SUBJECT

TO

CARRIAGE HOUSE

Commercial Drive

New Hartford, New York

> Columns and side entrance work as per attached breakdown

\$1,434.10

*pd  
2/24/77*

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

## CARRIAGE HOUSE

Repaired all exterior columns and repainted same. Repaired, caulked and painted side entrance and installed threshold.

Labor:	Supervision	- 3 1/2 hrs	\$ 43.37
	Carpenter	- 32 hrs	363.52
	Laborers	- 42 hrs	423.78
Trucking & Driver		- 2 hrs	20.00
Materials from inventory as per attached list			30.47
Materials from suppliers - invoices attached			<u>304.96</u>
			\$1,186.10
Overhead & Fee			<u>248.00</u>
	TOTAL		\$1,434.10

Plain bond  
Original only

Draft

## Carriage House

Repaired all exterior columns and  
repainted same. Repaired, caulked  
and painted side entrance and  
installed threshold.

Supervisor	
Labour: <del>Supervisor</del> - 3½ hrs	43.37
Carpenter - 32 hrs	363.52
Labourer - 42 hrs	423.78

Trucking + Driver - 2 hrs.	20.00
----------------------------	-------

Materials from inventory as per attached list	30.47
--	-------

Materials from suppliers - invoice attached	304.96
--	--------

Overhead + Fee

Total

248.00

1186.10
<u>418</u>
1304.10
<u>130</u>
1434.10

OTC

# Draft

## Carriage House

Repaired all exterior columns and repainted same. Repaired, caulked and painted side entrance and installed threshold.

Labour: Superintendent - 3½ hrs	43.37
Carpenter - 32 hrs	363.52
Labourers - 42 hrs	423.78

Trucking + Driver - 2 hrs.	20.00
----------------------------	-------

Materials from inventory as per attached list	30.47
---	-------

Materials from suppliers - invoice attached	304.96
---	--------

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	\$ 1126.10
--	------------

Overhead + fee



PIONEER STEEL ENGINEERING

INCORPORATED

GREENFIELD, MASS. 01301

413-772-0821



FABRICATED REINFORCING BARS - HOLLOW METAL DOORS - STEEL STORAGE PRODUCTS

*Material from stock*

6 lbs Com. nails 2.49

2 Tubes Silicone caulk 4.69

2 - 1 x 10 x 16 Pine 23.30

# ILION LUMBER CO.

## PHILIP THOMAS LUMBER

CABINETS—BUILDING SUPPLIES—HARDWARE—DU PONT PAINTS

161 W. MAIN ST.

ILION, N. Y. 13357

PHONE: ILION 895-7437  
UTICA 735-9011  
757-0250

DATE Oct 28 1976

SOLD TO

*Gatman Realty*  
*1506 Whiteboro Rd*  
*Utica*

SOLD BY	MDSE. RETD.	C.O.D.	CHARGE	ON ACCT.	TERMS: NET 30	
			X			
PIECES	SIZE	DESCRIPTION		FEET	PRICE	AMOUNT
2	1x10	14	CV	60	70	42.00
2	—	16	CV			
4	1x4	10	—	40	30	12.00
						54.00
Carriage					31	2.16
House job						56.16
Contract Material						

DELIVERED BY  
36100

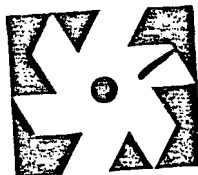
RECEIVED BY

THIS INVOICE WILL NOT BE ITEMIZED AGAIN.  
No Claim Will Be Considered Unless Made in Writing Within Five Days From Receipt of Material.  
All Returned Merchandise is Subject to a 15% Handling Charge.  
Service Charge on Past Due Accounts at Rate of 1 1/2% Per Month.

CUSTOMER COPY

## INVOICE

JAY-K



INDEPENDENT LUMBER CORP.  
 SENECA TURNPIKE • NEW HARTFORD, N.Y. 13413  
 UTICA 735-4477 ROME 337-0230

PLEASE USE THIS ACCOUNT NUMBER  
 WHEN ORDERING AND PAYING.

DATE	ST	CUST.	INVOICE	SM	P	C	IO
11097611	1	1342	19768	132	1	502	

GAETANO REALITY  
 1506 WHITESBORO STREET  
 UTICA, NEW YORK  
 13502

SALESMAN DENNIS FINN

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
3272	3	G.E. SILICONE WHITE, 1102	3	3.950E		11.85
495	1	CAULKING GUNS, 11 OZ. DROP IN	1	1.750E		1.75
3081		LINEAL FEET, 5/4 X 8 SELECT PINE	8	1.080E		8.64
	1/ 8					
1101		LINEAL FEET, 1 X 10 SELECT PINE	8	1.070E		8.56
	1/ 8					
1121		LINEAL FEET, 1 X 12 SELECT PINE	6	1.300E		7.80
	1/ 6					
5061		2X6 SELECT PINE, PER LINEAL	8	1.500E		12.00
	1/ 8					
3147		BASE 1 3/8 #8455	8	.170E		1.36
	1/ 8					
		J. MAJOR, CARRIAGE HOUSE	1 L			
<i>Contract Material</i>						
NET SALE		%	TAX	INVOICE TOTAL		
51.96		4 %	2.08	54.04		

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
 PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 %  
 PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

ORIGINAL INVOICE



DATE	S	T	CUST.	INVOICE	SM	P	F	C	LO
11047611			1342	2046724	21	502			

INVOICE

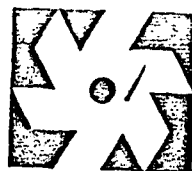
JAY-K

INDEPENDENT LUMBER CORP

SENECA TURNPIKE • NEW HARTFORD, N.Y. 13413

UTICA 735-4477

ROME 337-0230



PLEASE USE THIS ACCOUNT NUMBER  
WHEN ORDERING AND PAYING.

GAETANO REALITY  
1506 WHITESBORO STREET  
UTICA, NEW YORK  
13502

SALESMAN CHRIS KELLY

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
3147		BASE 1 3/8 #8455 2/14 DAVID GROSJEOR CARRIAGE HOUSE	1 L	28	.170E	4.76

*Contract Material*

NET SALE	%	TAX	INVOICE TOTAL
4.76	4 %	.19	4.95

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 %  
PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

ORIGINAL INVOICE

DATE	S	T	CUST.	INVOICE	SM	P	F	C	LO
11097611			1342	1987241	21	502			

INVOICE

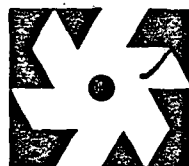
JAY-K

INDEPENDENT LUMBER CORP.

SENECA TURNPIKE • NEW HARTFORD, N.Y. 13413

UTICA 735-4477

ROME 337-0230



PLEASE USE THIS ACCOUNT NUMBER  
WHEN ORDERING AND PAYING.

GAETANO REALITY  
1506 WHITESBORO STREET  
UTICA, NEW YORK  
13502

SALESMAN BOB SHAHOUD

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
5308	1	NU-KOIL, 17' J. MAJOR, CARRIAGE HOUSE	1	1.950E		1.95

*Contract Material*

NET SALE	%	TAX	INVOICE TOTAL
			2.03

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 %  
PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

DATE 11/05/76 11 1342 20700 24 1502

INVOICE



**JAY-K INDEPENDENT LUMBER CORP.**

SENECA TURNPIKE • NEW HARTFORD, N.Y. 13413  
UTICA 735-4477 ROME 337-0230

TO

GAETANO REALITY  
1506 WHITESBORO STREET  
UTICA, NEW YORK  
13502

SALESMAN **CHRIS KELLY**

PLEASE USE THIS ACCOUNT NUMBER  
WHEN ORDERING AND PAYING.

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
1101		LINEAL FEET, 1 X 10 SELECT PINE 5/16 1 L DAVID G., CARRIAGE HOUSE	80	1.070E		85.60

*Contract Material*

*ppp*

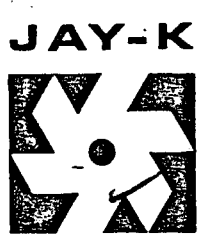
NET SALE	%	TAX	INVOICE TOTAL
85.60	4 %	3.42	89.02

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 %  
PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

ORIGINAL INVOICE

DATE 11/06/76 11 1342 199763621502

INVOICE



**JAY-K INDEPENDENT LUMBER CORP.**

SENECA TURNPIKE • NEW HARTFORD, N.Y. 13413  
UTICA 735-4477 ROME 337-0230

TO

GAETANO REALITY  
1506 WHITESBORO STREET  
UTICA, NEW YORK  
13502

SALESMAN **KEN PERLOCK**

PLEASE USE THIS ACCOUNT NUMBER  
WHEN ORDERING AND PAYING.

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
1101		LINEAL FEET, 1 X 10 SELECT PINE 3/16 1 L	48	1.070E		51.36
141		LINEAL FEET, 1 X 4 SELECT PINE 3/10 1 L DAVID GROSJON CARRIAGE HOUSE	30	.360E		10.80

*Contract Material*

*ppp*

NET SALE	%	TAX	INVOICE TOTAL
62.16	4 %	2.49	64.65

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2 %  
PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

SHEPARD PAINT & WALLPAPER CO.

==DUTCH BOY PAINTS==

197 {

**Address.**

EMIL SCHOTT ASSOCIATES, UTICA, N.Y.

S 20371

## SHEPARD PAINT &amp; WALLPAPER CO.

DISTRIBUTORS

DUTCH BOY PAINTS

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD  
FORMICA AND PLASTIC WALL TILE

418 COLUMBIA ST.

Phone 724-6123

724-6124

Utica, N. Y. 13502

11-15-76

197

Galover Realty

Spiffy Exterior

White

775

1550

Cottage House

for

62

1614

Donald Bragerson

A

S 22256

## SHEPARD PAINT &amp; WALLPAPER CO.

DISTRIBUTORS

DUTCH BOY PAINTS

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD  
FORMICA AND PLASTIC WALL TILE

418 COLUMBIA ST.

Phone 724-6123

724-6124

Utica, N. Y. 13502

11-13-

1976

Sold to

Address

1 gal Spiffy Exterior

Cottage House

775

for 31

Donald Bragerson

806

✓

C

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

I N V O I C E

DATE December 20, 1976

SUBJECT

Phone 732-1011

TO

New York State Teamsters Health & Hospital Fund

5 Rutger Park

Utica, New York

RE: 225 Elizabeth St.

> Complete cleaning of 1st floor offices and bathrooms Nov. 11, Vacuumed floors,

washed floors, cleaned desks, etc.

\$150.00

Regular cleaning for month of November

100.00

TOTAL

\$250.00

*PA 1/4/77*

SIGNED

☐ PLEASE REPLY

☐ NO REPLY NECESSARY

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

I N V O I C E

DATE 12-16-76

SUBJECT

Phone 732-1011

TO

New York State Teamsters Health & Hospital Fund

5 Rutger Park

Utica, New York

> Work performed as requested at 223 - 225 Elizabeth St., Utica, N. Y. as per  
attached scope of work

Labor, Material and Equipment as per attached breakdown.... \$4,960.39

*Paid 12/23/76*

SIGNED

☐ PLEASE REPLY

☐ NO REPLY NECESSARY

SCOPE OF WORK 223 - 225 ELIZABETH STREET

Install new toilet seats in bathroom

Reinstall marlite wainscoting in 2 toilet rooms

Install and refit new ceiling panels and paint grid in 2 toilet rooms

Install new exhaust fan in men's toilet & wire same.

Complete painting in 2 toilet rooms

Install and wire exhaust fan in ceiling of employment section  
and install eggcrate panels for air circulation and exhaust.

Complete taping of wallboard in stairway and well<sup>1st</sup> and 2nd floor, and  
rooms on 1st and 2nd floor. Install corner beads where needed.

Paint above areas and walls of hallways 1st and 2nd floor and complete  
clean-up.

NEW YORK STATE TEAMSTERS HEALTH & HOSPITAL FUND

RE: 223-225 Elizabeth Street

Labor:	Superintendent	35 hrs.	\$ 525.00
	Carpenter	120 hrs.	1,635.60
	Laborers	168½ hrs.	2,040.54

Trucking:	15 hrs. @ \$12. per hr.	180.00
Equipment:	Scaffolding, skill saws, etc.	75.00

Materials from suppliers as per attached invoice	3	330.77
--	---	--------

Materials from Inventory:

5	sheets 1/4" Plywood	37.50
	2 x 4 x 172'	28.68
1	4" Vent Cap	5.00
15	Tubes Construction Adhesive	45.00
4	Sheets 5/8 Plywood	44.00
30'	12/2 Romex	5.30
	Romex Connectors	3.00
	Misc. Nails	5.00
		<hr/>
		\$ 173.48



SCOPE of Work 223-  
225 ELIZABETH ST.

Install new toilet seats in bathroom

Reinstall marble wainscoting in 2 toilet rooms

Install and refit new ceiling panels and paint grid in 2 toilet rooms

Install new exhaust fan in men's toilet & wire same.

Complete painting in 2 toilet rooms

Install and wire exhaust fan in ceiling of employment section and install egg crate panels for air circulation and exhaust.

Complete taping of wall board in stairway and wall 1st and 2nd floor and rooms on 1st and 2nd floor. Install corner beads where needed.

Paint above areas and walls of hallways 1st and 2nd floors. and complete cleanup.

# N.Y.S. Tenaster Health & Hospital Fund

<sup>223</sup>  
RE: 225 Elm both Street

Labors: Superintendent	35 hrs.	\$ 525.00
Carpenter	120 hrs	1635.60
Labourers	168 1/2 hrs.	2040.54

Trucking: 15 hrs @ \$12 per hr. 180.00

Equipment: Scaffolding, skill saws etc 75.00

Materials from suppliers as per  
attached invoices 330.77

## Materials from Inventory:

5 sheets 1/4" Plywood	37.50
2 x 4 x 172'	29.68
1- 4" Vent Cap	5.00
15 Tubes Construction Adhesive	45.00
4 sheets 5/8 Plywood	44.00
30' 1 1/2 Romex	53.0
Romex Connector	3.00
Wire nails	5.00
	<hr/> 173.48

~~Scaffolding, skill saws & wire  
equipment~~

~~25.00~~

225 Elizabeth St

N. X. S. Taul ~~Constr~~ Ben 9/16/12.  
Heath & Hopeld Taul ~~Constr~~

Materials from inventory:

10-29	16 sq ft $\frac{1}{4}$ " Plywood	\$ 4.16
	2 x 4 x 16'	2.55
	<del>4 Tubes Construction Adhesive</del>	<del>9.26</del>
	1- 4" Dyer Vent Caps	3.12
	10 Tubes Construction. Adhesive	23.40
	15' 12/2 Romex	2.65
	Romex connections	2.00
	4 P sq ft $\frac{5}{8}$ Plyform	16.97
	2 x 4 x 56'	8.93
		<hr/> 63.96

Materials from Suppliers as per  
attached invoice

330.77

Trucking - 8  $\frac{1}{2}$  hrs @ \$12 per hr

102.00

Labor: Superintendent 16  $\frac{1}{2}$  hrs  
Carpenter 93  $\frac{1}{2}$  hrs  
Laborer 168  $\frac{1}{2}$  hrs

204.44

1062.16

1700.17

---

3463.40

15.00

---

3478.40

18<sup>th</sup> aff

225 Elizabeth St

Materials from inventory:

10-29	16 sq ft $\frac{1}{4}$ " Plywood	\$ 4.16
	2 x 4 x 16'	2.55
	<del>4 Tubes Construction Adhesive</del>	<del>9.36</del>
	1- 4" Dyer Vent Caps	3.12
	10 Tubes Construction. Adhesive	23.40
	15' 12/2 Romex	2.65
	Romex connectors	2.08
	4P 19 ft 5/8 Plyform	16.97
	2 x 4 x 56'	8.93
		<hr/> 63.86

Materials from Suppliers as per attached invoice	330.77
---	--------

Trucking - 8 $\frac{1}{2}$ hrs @ \$12 per hr	102.00
--	--------

Labor: Superintendent 16 $\frac{1}{2}$ hrs	204.44
Carpenter 93 $\frac{1}{2}$ hrs	1062.16
Laborer 168 $\frac{1}{2}$ hrs	1700.17
	<hr/> 3463.40



807 BROAD STREET UTICA, NEW YORK 13503

OCT 29 1976

INVOICE DATE:

TERMS: 2% 10 DAYS, NET 30 DAYS.  
F.O.B. UTICA, N. Y.

*Service Charge on Accounts over 60 Days.*

**PAYABLE:**

**WHEN SHIP:**

**ROUTE:**

**SOLD TO**

GERIANO CONSTRUCTION  
1506 WHITEBORO ST.  
UTICA NY 13502

APPROVED

UNORDERED  
CANCELLED  
DIRECT

**FILED**

~~CHECKED BY~~

PACKED BY

**TOTAL**

**CLAIMS MUST BE MADE WITHIN  
TEN DAYS OF RECEIPT OF GOODS**

**CALLER FOR AND  
RECEIVED BY**

ORDERED BY

**MERCHANDISE RETURNED WITHOUT OUR  
CONSENT WILL BE RETURNED**

s 22187

## SHEPARD PAINT &amp; WALLPAPER CO.

DISTRIBUTORS

DUTCH BOY PAINTS

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD  
FORMICA AND PLASTIC WALL TILE

Phone 724-6123

724-6124

418 COLUMBIA ST.

Utica, N. Y. 13502, 1-2-76

197

Sold to

Address

1 gal Pure Semi-Gloss			
White Tuffan			
	761		
	31		
	796		
	✓		
225 Club St			
Chas Roller			

s 22259

## SHEPARD PAINT &amp; WALLPAPER CO.

DISTRIBUTORS

DUTCH BOY PAINTS

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD  
FORMICA AND PLASTIC WALL TILE

Phone 724-6123

724-6124

418 COLUMBIA ST.

Utica, N. Y. 13502, 11-3-76

197

Sold to

Address

2 Deluxe Sprung			
HT 756 369	161		321
1 4" 114 FT Cover			
Roller	10		126
1 4" Roller Cover	315L		189
441FL			627
225 Clay St			667
Chas Roller			

SHEPARD PAINT & WALLPAPER CO.

## ==DUTCH BOY PAINTS==

VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD

**- Phone 724-6123**

418 COLUMBIA ST.

Utica, N. Y. 13502

**Address.**

David Dragon 287  
✓ 235 Elizabeth

EMIL SCHOTY ASSOCIATES. UTICA. N.Y





**JOSEPH L. MANNING ELECTRIC CO. INC.**

300 CATHERINE STREET corner of JOHN STREET  
UTICA, NEW YORK 13503

ORIGINAL INVOICE

INVOICE DATE	INVOICE NO.
11/09/76	159044
REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503	

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GAETANO REALTY CORP.  
1506 WHITESBURG STREET  
UTICA, NEW YORK 13502

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O  
225 ELIZABETH  
*Contract Material*

SMALL ORDER CHARGE: A CHARGE NOT EXCEEDING \$

2.50

WILL APPLY TO ORDERS UNDER \$

5.00

CUSTOMER NO.	CUSTOMER ORDER NO.	CUSTOMER JOB NO.	WHSE.	SALESMAN	TERMS: DUE DATE AND CASH DISCOUNT IF APPLICABLE ARE LISTED BELOW.
026400			01	050	
REFERENCE	SHIPPED VIA	DATE SHIPPED	SERVICE CHARGE ADDED ON PAST DUE AMOUNTS		
04182C			1.5 %		
QUANTITY	PRODUCT DESCRIPTION	OUR CODE NO. GROUP   ITEM	NET UNIT PRICE	NET AMOUNT	
250	FT 12/2 BX SOL.ARMGR CABL.COP	5100465	.163	40.75	
3	189 RACO 4 IN SQ BOX	2250335	.516	1.55	
1	1971 PAULD 15A SP TOGGLE SW	4456250	.675	.68	
1	10-1- BC 1G SWITCH PLATE	4150050	.114	.11	
1	445 RACO 2-DP SW BOX RX EARS	2251020	.668	.67	
6	788 M&W 3/8 CONN	2865106	.092	.55	
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT AS AMENDED AND OF REGULATION AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.			TOTAL NET AMOUNT		
RETURNED MERCHANDISE OR CLAIMS ARE SUBJECT TO THE CONDITIONS AS SHOWN ON SALES TICKET			44.31		
IF YOUR ACC'T. IS CURRENT			SALES TAX		
& THIS INVOICE IS PAID BY 12/10/76 DEDUCT .89 CASH DISCOUNT			1.77		
YOUR BALANCE AS OF THIS DATE IS 510.63			INVOICE AMOUNT		
LISTED BELOW IS AN AGED STATEMENT OF YOUR ACCOUNT			46.08		

DUE FUTURE 108.72  
DUE 10TH 401.51

*stop*

*u*

## ORIGINAL INVOICE



Joseph L. Manning Electric Co. Inc.

300 CATHERINE STREET corner of JOHN STREET  
UTICA, NEW YORK 13503

INVOICE DATE <b>11/01/76</b>	INVOICE NO. <b>158969</b>
REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503	

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OGAETANO REALTY CORP.  
1506 WHITESBORO STREET  
UTICA, NEW YORK 13502S  
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225 ELIZABETH ST

*Contract Payment*

SMALL ORDER CHARGE: A CHARGE NOT EXCEEDING \$

2.50

WILL APPLY TO ORDERS UNDER \$

5.00

CUSTOMER NO. <b>026400</b>	CUSTOMER ORDER NO.	CUSTOMER JOB NO.	WHSE. <b>01</b>	SALESMAN <b>050</b>	TERMS: DUE DATE AND CASH DISCOUNT IF APPLICABLE ARE LISTED BELOW.
REFERENCE <b>041633</b>	SHIPPED VIA	DATE SHIPPED	SERVICE CHARGE ADDED ON PAST DUE AMOUNTS <b>1.5 %</b>		
QUANTITY	PRODUCT DESCRIPTION	OUR CODE NO. GROUP   ITEM	NET UNIT PRICE	NET AMOUNT	
1	1892 AH DBL POLE SW BR	4060920	3.410	3.41	
3	128 RACO 4-OCT BOX EXT RING	2250130	.506	1.52	
3	722 RACO 4-RND COV FLAT BLANK	2251560	.149	.45	
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT AS AMENDED AND OF REGULATION AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.			TOTAL NET AMOUNT	5.38	
RETURNED MERCHANDISE OR CLAIMS ARE SUBJECT TO THE CONDITIONS AS SHOWN ON SALES TICKET			SALES TAX	.22	
IF YOUR ACCT. IS CURRENT & THIS INVOICE IS PAID BY <b>12/10/76</b> DEDUCT <b>.11</b> CASH DISCOUNT			INVOICE AMOUNT	5.60	

YOUR BALANCE AS OF THIS DATE IS

464.55

LISTED BELOW IS AN AGED STATEMENT OF YOUR ACCOUNT

DUE	DUE
FUTURE	10TH
62.64	401.91



**Joseph L. Mannings Electric Co. Inc.**

300 CATHERINE STREET corner of JOHN STREET  
UTICA, NEW YORK 13503

**ORIGINAL INVOICE**

INVOICE DATE <b>11/01/76</b>	INVOICE NO. <b>158954</b>
REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503	

**GAETANO REALTY CORP.**  
1506 WHITESBORO STREET  
UTICA, NEW YORK 13502

225 ELIZABETH ST  
*Contract Material*

SMALL ORDER CHARGE: A CHARGE NOT EXCEEDING \$ <b>2.50</b>		WILL APPLY TO ORDERS UNDER \$ <b>5.00</b>		TERMS: DUE DATE AND CASH DISCOUNT IF APPLICABLE ARE LISTED BELOW.	
CUSTOMER NO. <b>026400</b>	CUSTOMER ORDER NO.	CUSTOMER JOB NO.	WHSE. <b>01</b>	SALESMAN <b>099</b>	
REFERENCE <b>041632</b>	SHIPPED VIA	DATE SHIPPED	SERVICE CHARGE ADDED ON PAST DUE AMOUNTS <b>1.5 %</b>		
QUANTITY	PRODUCT DESCRIPTION	OUR CODE NO. GROUP	ITEM	NET UNIT PRICE	NET AMOUNT
1	1237 FASCO 1SP UTIL EX FAN	1955	225	42.000	42.00
1	3112 FASCO ATIC ALUM LOUVER	1956	425	12.850	12.85
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT AS AMENDED AND OF REGULATION AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.				TOTAL NET AMOUNT	<b>54.85</b>
RETURNED MERCHANDISE OR CLAIMS ARE SUBJECT TO THE CONDITIONS AS SHOWN ON SALES TICKET				SALES TAX	<b>2.19</b>
IF YOUR ACC'T. IS CURRENT & THIS INVOICE IS PAID BY <b>12/10/76</b> DEDUCT <b>1.10</b> CASH DISCOUNT				INVOICE AMOUNT	<b>57.04</b>

YOUR BALANCE AS OF THIS DATE IS  
LISTED BELOW IS AN AGED STATEMENT OF YOUR ACCOUNT

DUE DUE  
FUTURE 10TH  
**62.64 401.91**



**JOSEPH LITZMAN & CO. INC.**

300 CATHERINE STREET corner of JOHN STREET  
UTICA, NEW YORK 13503

ORIGINAL INVOICE

INVOICE DATE	INVOICE NO.
10/29/76	15891E
REMIT TO: 300 CATHERINE STREET UTICA, NEW YORK 13503	

GAETANO REALTY CORP.  
1506 WHITESBORO STREET  
UTICA, NEW YORK 13502

225 ELIZABETH ST

*Contract M. L. L.*

SMALL ORDER CHARGE: A CHARGE NOT EXCEEDING \$ 2.50 WILL APPLY TO ORDERS UNDER \$ 5.00

CUSTOMER NO. 026400	CUSTOMER ORDER NO.	CUSTOMER JOB NO.	WHSE. 01	SALESMAN 015	TERMS: DUE DATE AND CASH DISCOUNT IF APPLICABLE ARE LISTED BELOW.
REFERENCE 041554	SHIPPED VIA	DATE SHIPPED		SERVICE CHARGE ADDED ON PAST DUE AMOUNTS 1.5 %	
QUANTITY	PRODUCT DESCRIPTION	OUR CODE NO. GROUP ITEM	NET UNIT PRICE	NET AMOUNT	
1	670 BROAD 50 CFM VENT	1962100	12.858	12.86	
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT AS AMENDED AND OF REGULATION AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.					TOTAL NET AMOUNT 12.86
RETURNED MERCHANDISE OR CLAIMS ARE SUBJECT TO THE CONDITIONS AS SHOWN ON SALES TICKET					SALES TAX .51
IF YOUR ACCT. IS CURRENT & THIS INVOICE IS PAID BY 11/10/76 DEDUCT .26 CASH DISCOUNT					INVOICE AMOUNT 13.37

YOUR BALANCE AS OF THIS DATE IS 401.91  
LISTED BELOW IS AN AGED STATEMENT OF YOUR ACCOUNT

DUE  
10TH  
401.51

DISTRONICS FORM 100 5/74

# Cavo Bros.

BUILDERS' SUPPLIES

STEEL STUDS - INSULATION - SHEET ROCK (Vinyl, Regular and Fire Code)  
 SUSPENDED CEILING MATERIALS (Regular and Fire Proof)  
 CONSTRUCTION MATERIALS AND MASON SUPPLIES

SOLD TO

*Shelton R. Holt, Jr.*

INVOICE

1283

INVOICE  
DATE

*11/21/76*

SHIPPED  
TO

*225 Elm St. Hol*  
*V*

NO RETURN ON SHEETROCK - OR - VENEER STONE

OUR ORDER NO.	YOUR ORDER NO.	SALESMAN	TERMS	SHIPPED VIA	PPD. OR COLL.

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<i>1</i>	<i>5 oak Veneer</i>		<i>1.50</i>
<i>1</i>	<i>1/2" x 1/2" x 1/2"</i>		<i>2.25</i>
<i>1</i>	<i>500' Roll Felt</i>		<i>0.15</i>
<i>1</i>	<i>1</i>	<i>STAX</i>	<i>1.39</i>
			<i>10.14</i>

1027 JEFFERSON AVE., UTICA, N.Y. 13501 PHONE (315) 724-5970/724-0666

# BUILDERS' SUPPLIES

STEEL STUDS - INSULATION - SHEET ROCK (Vinyl, Regular and Fire Code)  
SUSPENDED CEILING MATERIALS (Regular and Fire Proof)  
CONSTRUCTION MATERIALS AND MASON SUPPLIES

INVOICE 1151

SOLD TO Robert L. Smith

INVOICE DATE 11/11/76

SHIPPED TO 225

NO RETURN ON SHEETROCK - OR - VENEER STONE

OUR ORDER NO.	YOUR ORDER NO.	SALESMAN	TERMS	SHIPPED VIA	PPD. OR COLL.
QUANTITY	DESCRIPTION			PRICE	AMOUNT
72	5/8" Dry Wall Ceiling Tile = 192-SF			31/16	40.32
				STAP	16
					41.32

# Cavo Bros.

BUILDERS' SUPPLIES

STEEL STUDS - INSULATION - SHEET ROCK (Vinyl, Regular and Fire Code)  
SUSPENDED CEILING MATERIALS (Regular and Fire Proof)  
CONSTRUCTION MATERIALS AND MASON SUPPLIES

INVOICE 1339

SOLD TO Robert L. Smith

INVOICE DATE 11/11/76

SHIPPED TO 225

NO RETURN ON SHEETROCK - OR - VENEER STONE

OUR ORDER NO.	YOUR ORDER NO.	SALESMAN	TERMS	SHIPPED VIA	PPD. OR COLL.
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1-5	Oak 4x4 Laminat				9.00
				STAP	72
					8.32

**Cano Bros.**  
BUILDERS' SUPPLIES

STEEL STUDS • INSULATION • SHEET ROCK (Vinyl, Regular and Fire Code)  
SUSPENDED CEILING MATERIALS (Regular and Fire Proof)  
CONSTRUCTION MATERIALS AND MASON SUPPLIES

SOLD TO \_\_\_\_\_

INVOICE \_\_\_\_\_

INVOICE  
DATE \_\_\_\_\_

SHIPPED  
TO \_\_\_\_\_

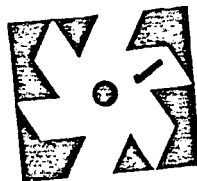
NO RETURN ON SHEETROCK - DR - VENEER STONE

OUR ORDER NO.	YOUR ORDER NO.	SALESMAN	TERMS	SHIPPED VIA	P.P.E. OR COLL.
QUANTITY	DESCRIPTION			PRICE	AMOUNT
	<del>Sheet Rock 1/2" x 4' x 8'</del>				
	72" x 24" x 1/2" Fire				

1027 JEFFERSON AVE., UTICA, N.Y. 13501 PHONE (315) 724-5970/724-0666

INVOICE

JAY-K



INDEPENDENT LUMBER CORP.  
 SENECA TURNPIKE • NEW HARTFORD, N. Y. 13413  
 UTICA 735-4477 ROME 337-0230

PLEASE USE THIS ACCOUNT NUMBER  
 WHEN ORDERING AND PAYING.

DATE	S	T	CUST.	INVOICE	SM	P	F	C	IO
10307411			1343	189993821502					

GAETANO READING  
 1506 WHITESBORO STREET  
 UTICA, NEW YORK  
 13502

SALESMAN RICH KIDWELL

ITEM	QUANTITY	DESCRIPTION	UNITS	PRICE	U	EXTENSION
1795	1	BARCLAY ADHESIVE GALLON RICHARD LESNIAK	1	5.9500		5.95
<p>225 Elizabeth</p>						
NET SALE		%	TAX	INVOICE TOTAL		
5.95		4 %	.24	6.19		

ALL CHARGES ARE DUE WITHIN 30 DAYS OF DATE OF RECEIPT OF MERCHANDISE.  
 PAST DUE ACCOUNTS WILL BE SUBJECT TO A FINANCE CHARGE OF 1%  
 PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%).

ORIGINAL INVOICE



## GAETANO REALTY CORP.

1506 Whitesboro Street  
UTICA, NEW YORK 13502I N V O I C E

DATE 12-16-76

Phone 732-1011

SUBJECT

TO

Roger Sturr

445 Oakdale Ave.

Utica, New York

> 1	TA 12 ST GE Refrigerator	\$180.00
1	603 61 Kenmore Range	<u>151.00</u>
		\$331.00
	4% Tax	<u>13.24</u>
		\$344.24

Pd 12/30/76

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

We paid tax at time of purchase

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

**INVOICE**

DATE December 8, 1976

Phone 732-1011

TO

SUBJECT

Richard Abend, Attorney

Coupe, Abend & Connors

209 Elizabeth Street

Utica, New York

> Extras for office as requested

\$250.00

*Paul*  
*12/30/76*

SIGNED

☐ PLEASE REPLY

☐ NO REPLY NECESSARY

Abond

6-7 km mile

9yds 54" wide Vinyl  
Vinyl Paste

88.92

5.15

See Oct Shop bills

71.44

Trumpio

200 -

27yds more from one stock

Extras for office  
V,

→ 250.00

Baker


**GAETANO REALTY CORP.**1506 Whitesboro Street  
UTICA, NEW YORK 13502**INVOICE**DATE **November 3, 1976**Phone **732-1011**

SUBJECT

TO

**Utica Catholic Bookstore****171 Genesee Street****Utica, New York 13501**> **Two Merchandise Display Panels****\$150.00****Adjustment To Display Panels****35.00****\$185.00***12/17/76*☐ **PLEASE REPLY**    ☐ **NO REPLY NECESSARY**

SIGNED

  
**Brian A. Gaetano, Vice-President**

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

**INVOICE**

DATE 10-12-76

Phone 732-1011

SUBJECT

TO

ACME TILE & MARBLE

1506 Whitesboro Street

Utica, New York

> Change 2 locks on offices as requested

\$15.00

*Ad  
12/21/76*

SIGNED

☐ PLEASE REPLY

☐ NO REPLY NECESSARY

**GAETANO REALTY CORP.**

1506 Whitesboro Street  
UTICA, NEW YORK 13502

**INVOICE**

DATE 10-8-75

SUBJECT

Phone 732-1011

TO

Equitable Life

209 Elizabeth Street

Utica, New York

> Install Wall Tex Vinyl - As Requested

\$102.00

12/31/75

SIGNED

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

DISTRIBUTORS  
**DUTCH BOY PAINTS**  
 VENETIAN BLINDS - WINDOW SHADES - LINOLEUM - TILE - WALLBOARD  
 FORMICA AND PLASTIC WALL TILE

Phone 724-6123  
 724-6124

418 COLUMBIA ST.

8-30-76 197

Sold to Catano Realty  
 Address \_\_\_\_\_

1	4 1/2	B-12469		
2		Wall Paper		
3		Basin	891	
4		LET THEM		
5		PAY THIS	11	
6			net	
7				2860
8		will pay	for	114
9		Paul Bley		
10		Eq. J.D.		2974
11				
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Bill  
 REQUITABLE  
 FOR

MIKE HAS 6 HRS  
 ON JOB

Mat 37.  
 LBS 1050 63. -  
102 -

MERCHANTS INDUSTRIES, INC.

2.00 7.90  
 PAY LAST AMOUNT  
 SHOWN IN THE  
 COLUMN